National Library of Canada
Acquisitions and Bibliographic Services Branch
395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale du Canada
Direction des acquisitions et des services bibliographiques
395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file Votre référence

Our file Notre référence

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

Canada

UNIVERSITY OF ALBERTA

SOCIAL SKILLS TRAINING WITH LEARNING DISABLED CHILDREN

BY

©

JUDITH ANNE KELLY

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND

RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR

THE DEGREE

OF MASTER OF EDUCATION

IN

SCHOOL PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1992

National Library of Canada
Bibliothèque nationale du Canada

Canadian Theses Service
Service des thèses canadiennes

Ottawa, Canada
K1A 0N4

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-77174-7

Canada

Research Press

2612 North Mattis Avenue Champaign Illinois 61821 217 352-3273

PERMISSION IS GRANTED TO: DATE: August 31, 1992

Judith Kelly
3619-111 A Street
Edmonton, Alberta T6J 1E9
CANADA

FOR THE USE OF:

SKILLSTREAMING/ELEMENTARY (pp. 32-42, 110)

IN THE FORTHCOMING WORK:

Thesis materials

ON THE FOLLOWING CONDITIONS:

1. No changes of any kind will be made in the material without the approval of Research Press, nor will the material be used except in the way specified.

2. The material appearing in our publication has not been reprinted or adapted from another source.

3. The work in which the material appears will not be sold, except on a cost-recovery basis, or used in any way to generate profit.

4. Full credit will be provided to the source in the form of a source note on the page on which the material first appears. This source note should take the following form:

From Skillstreaming the Elementary School Child: A Guide for Teaching Prosocial Skills (pp. _____) by E. McGinnis and A.P. Goldstein, 1984, Champaign, IL: Research Press. Copyright 1984 by the authors. Reprinted by permission.

5. Other

Karen Steiner

By Karen Steiner, Managing Editor

Rec'd 7-21-92

Dr. Thomas M. Achenbach
Dept of Psychiatry
University of Vermont
Burlington, VT
05401

Hello Dr. Achenbach:

Re: Child Behavior Checklist- parent and teacher forms (CBC)

I am a graduate student in the Dept of Educational Psychology at the University of Alberta in Edmonton, Alberta.

I would like to make copies of your parent and teacher forms from the CBC to place in the Appendix of my thesis. These copies are found in your manual for the CBC.

Thank you. I look forward to receiving your written permission to copy these forms.

Sincerely,

Judith Kelly
c/o The Education Clinic
Rm 1-135 Education North
The University of Alberta
Edmonton, Alberta T6G 2G5

p.s. Thank you for developing broad band behavior profiles such as internalizing and externalizing. I found the information very useful in my study with children experiencing learning difficulties.

7-21-92

You have my permission to reproduce the CBCL and TRF in your thesis as described above. Glad they were useful! Thomas M Achenbach

Credit line : Copyright by T.M. Achenbach
Reproduced by permission

UNIVERSITY OF ALBERTA

RELEASE FORM

NAME OF AUTHOR: JUDITH ANNE KELLY

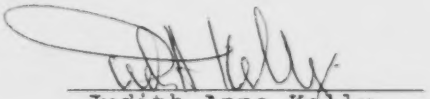
TITLE OF THESIS: SOCIAL SKILLS TRAINING WITH LEARNING DISABLED CHILDREN

DEGREE: MASTER OF EDUCATION IN SCHOOL PSYCHOLOGY

YEAR THIS DEGREE GRANTED: FALL, 1992

Permission is hereby granted to the University of Alberta Library to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves all other publication and other rights in association with the copyright in the thesis, and except as hereinbefore provided neither the thesis nor any substantial portion thereof may be printed or otherwise reproduced in any material form whatever without the author's prior written permission.



Judith Anne Kelly

3619 - 111A Street
Edmonton, Alberta
T6J 1E9

DATE: Sept 24/92

UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled SOCIAL SKILLS TRAINING WITH LEARNING DISABLED CHILDREN submitted by JUDITH ANNE KELLY in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION in SCHOOL PSYCHOLOGY.

Dr. J. Paterson (Supervisor)

Dr. L.L. Stewin

Dr. J. Blakey

DATE: Sept 24/92

ABSTRACT

In the past decade there has been extensive research generated in areas related to social skills intervention. Despite the development and incorporation in schools of various types of programs designed to promote adequate social skills functioning, there has yet to emerge from this research a widely accepted integrated program that might guide parents and educators in supporting the social skills development of children who also experience learning difficulties.

A pre/post design examined the application of the Structured Learning social skills program (McGinnis & Goldstein, 1984), for changes positive social behavior, social competence and self-efficacy of twelve elementary school-aged children experiencing learning difficulties. This subgroup of children were selected from students in one Edmonton Public school who were receiving resource room assistance daily for reading achievement. These students met the requirements of grade, average range intelligence and a 1 1/2 year deficit in reading skills. The program was held for one hour, once per week extending for four weeks during regular school hours.

Instruments used in the study included the Child Behavior Checklist (CBC) designed by Achenbach and Edelbrock (1983), Student and Teacher Skill Checklists

(McGinnis & Goldstein, 1984) and the Children's Self-Efficacy for Peer Interaction Scale (CSPI) designed by Wheeler and Ladd (1982). The measures were collected two times; prior to the training and after the treatment. The social skills targeted were valued by the students participating as well as significant others in the student's environment.

Overall, the results of this study indicated that no significance effect was found between pre- and post-treatment rates of positive social behavior. However, the application of the treatment effectively raised social competence and self-efficacy for most students. These increases were maintained during a follow up period of five weeks. The treatment effects were socially validated via student, parent and teacher ratings.

ACKNOWLEDGEMENTS

I would like to express my gratitude to all the members of my committee. I am particularly thankful to Dr. J. Paterson for his willingness to supervise my work. He gave me the freedom to pursue my interests and provided the guidance, support, expertise and strong faith in my abilities that I needed. I sincerely appreciate the thoughtful contributions of the thesis committee members, Dr. L. Stewin, and Dr. J. Blakey.

Special thanks to Dr. T. Rogers who provided support and assistance during review of the proposal.

Thanks to Mr. W. Kiffiak and Mr. Simon van der Valk for their assistance during approval to conduct research.

Special appreciation is extended to the students, their parents, the school secretary, teachers, resource room teacher, school counsellor and principal of the participating Edmonton Public School whose ready co-operation was invaluable.

I am especially thankful to my two sons, George (age 9) and Brendan (age 8) for being there.

TABLE OF CONTENTS

CHAPTER PAGE

I. THE PROBLEM..... 1

Introduction..... 1

Significance of the Problem..... 4

Purpose..... 6

Overview of the Thesis..... 6

II. REVIEW OF RELATED LITERATURE..... 8

Construct of Social Competence..... 9

Social Competence Defined..... 9

Positive Relations with Others..... 11
Age Appropriate Social Acceptance..... 13
Self-Acceptance..... 14
Effective Social Skills Behaviors..... 14
Problem Social Behavior..... 15
Verbal Communication..... 16
Social Skills Defined..... 19
Absence of Serious Problem Behaviors.. 21
Social Withdrawal..... 21
Social Aggression..... 23

Definition of Learning Difficulties..... 25

Assessment of Social Competence and Social Skills..... 26

Assessment of Social Competence..... 26

Parent Ratings..... 27
The Child Behavior Checklist.(CBC) 28
Role Taking..... 29
Sociometric Status Measures..... 30
Peer Nomination..... 30
Peer Rating..... 31
Self-Concept/Self-Efficacy..... 33
Children's Self-Efficacy for Peer Interaction Scale (CSPI)..... 36

Assessment of Social Skills 38

Behavior Checklists and Rating Scales. 38
Child Behavior Checklist (CBC).... 39

CHAPTER PAGE

Teacher Ratings..... 41
The Teacher Skill Checklist..... 42
Self-Reported Ratings..... 43
The Student Skill Checklist..... 44

Social Validity Defined..... 47

Social Skills Training with Children Experiencing Learning Difficulties..... 48

Social Skills Models..... 49

Social Skills Deficits..... 49
Cognitive-Behavioral..... 50

Social Skills Methods..... 52

Manipulation of Antecedents..... 52
Manipulation of Consequences..... 53
Modeling..... 54
Coaching..... 55
Cognitive-Behavioral Modification..... 55

Generalization..... 63

Follow-up Assessment..... 64

Relevant Training Programs..... 64

Structured Learning Training..... 65

Conclusion..... 69

III. METHOD..... 71

Design..... 71

Subjects..... 72

Research Instruments..... 75

Research Procedures..... 83

Data Collection..... 83

Treatment Procedures..... 89

Hypotheses..... 93

Hypothesis 1..... 93
Hypothesis 2..... 93

CHAPTER PAGE

Hypothesis 3..... 93

Data Analyses..... 94

Delimitations..... 94

Limitations..... 94

IV. RESULTS..... 97

Introduction..... 97

Student Demographics..... 97

Hypothesis 1.....100

Hypothesis 2.....101

Hypothesis 3.....102

V. DISCUSSION.....105

Introduction.....105

Discussion.....105

Statistical Significance.....108

Theoretical Implications.....108

Strengths of the Present Study.....109

Student and Teacher Perceptions of the Skills Training Experience.....111

Suggestions for Future Research.....112

Conclusions.....115

REFERENCES.....117

APPENDIX A: ETHICS APPROVAL.....158

APPENDIX B: APPROVAL TO CONDUCT RESEARCH.....159

APPENDICES PAGE

APPENDIX C: PARENT/GUARDIAN INFORMATION LETTER.....160

APPENDIX D: PARENT/GUARDIAN CONSENT FORMS....162

APPENDIX E: STUDENT SKILL CHECKLIST.....164

APPENDIX F: TEACHER SKILL CHECKLIST.....167

APPENDIX G: THE CHILDREN'S SELF-EFFICACY FOR PEER INTERACTION SCALE.....175

APPENDIX H: CHILD BEHAVIOR CHECKLIST-TEACHERS AND PARENT/GUARDIAN REPORT FORMS.....179

APPENDIX I: SAMPLE SOCIAL SKILLS.....185

APPENDIX J: SAMPLE OF HOMEWORK ASSIGNMENT....188

APPENDIX K: PARENT/GUARDIAN BULLETIN AND SAMPLE OF TEAM PRAISE.....189

APPENDIX L: SAMPLE OF CERTIFICATE OF ACHIEVEMENT.....190

LIST OF TABLES

TABLE		PAGE
1	School Sample Distribution Between Males and Females, Age and Grade by the Child Behavior Profile-Teacher Report (CBC).....	99
2	Means, Standard Deviations and Significance of Differences Between Pre-Treatment and Post-Treatment Rates of Social Behavior....	101
3	Means, Standard Deviations and Significance of Differences Between Pre-Treatment and Post-Treatment Rates of Social Competence..	102
4	Means, Standard Deviations and Significance of Differences Between Pre-Treatment and Post-Treatment Rates of Social Self-Efficacy.....	103
5	Means, Standard Deviations and Significance of Differences Between Males and Females on Social Behavior, Social Competence and Social Self-Efficacy.....	104

CHAPTER I

THE PROBLEM

Introduction

Educators are becoming increasingly aware of the importance of social skills functioning in elementary schools. (Luftig, 1988). The acquisition of adequate social skills and a healthy mental outlook have been shown to affect children throughout their school years and into adulthood. (Hartup, 1983; Kratochwill & French, 1984; Kagan & Moss, 1962; Luftig, 1988; Parker & Asher, 1987). Researchers indicate that many adults suffering from mental health illnesses such as anxiety, depression and personality disorders are also characterized by social inadequacy. (Cartledge & Milburn, 1980; Coie & Dodge, 1983; Coie & Krehbiel, 1984; Cowen, Pederson, Babigian, Izzo & Trost, 1973; Trower, Bryant & Argyle, 1978).

Childhood deficiencies in social interaction are generally acknowledged for children who experience learning difficulties. (Gresham, 1981). These children are often poorly accepted by their peers and consistently lack the opportunities to develop positive social interactions. (Toro, Weissberg, Guare, & Liebensetin, 1990). Furthermore, they appear to lack the ability to interpret their social experiences, thus display inappropriate social interactions which

interfere with the development of positive peer relationships and successful academic performance. (Cartledge & Milburn, 1978; Jones, 1992). These problems reflect the increasing importance for the study of social skills training.

Within the last decade research on social skills training programs has been extensive, both with regular students and with a range of populations. (Maag, 1990). Although there still exists a lack of consensus on a conceptual model for delivering training, complex programs have been developed for pre-school, elementary and adolescent populations (Gresham, 1988) and conducted in a variety of settings including hospitals, correctional facilities and schools. (Maag, 1990). Relatively little research using these programs has been conducted with student populations experiencing learning difficulties. (Maag, 1990; Schumaker, Pederson, Hazel & Meyen, 1983). Therefore, the generalizability of many existing social skills training programs to elementary school-aged children who experience learning difficulties is inconclusive. (Cartledge & Milburn, 1983). Thus, in Chapter Two, a literature review regarding social skills treatment emphasized those programs that seem to be most effective for this target population.

Delivering effective training programs also requires assessment of various child and environmental variables that may account for the successful outcome of training programs. (Bryan & Bryan, 1990; Cartledge & Milburn, 1986; Hazel, Schumaker, Sherman, Wildgen, 1981; Maag, 1990; Rathjen, 1984; Vaughn & Lancelotta, 1990). Maag (1990) reported that assessment data should examine the relationship among behavioral, cognitive and environmental variables. The variables thought to be most influencial and worthy of consideration in this study were specific skill problem situations, internalizing (e.g., social withdrawal, depression) and externalizing (e.g., aggression, acting out) behavioral problems, learner characteristics and perceived self-efficacy of social competence, family support and child developmental characteristics.

Several of theses variables could be responsible for the success of the program or the lack of it. Children with learning difficulties frequently show more specific behavioral problems in and out of school when compared with their non-disabled peers, (Bryan & Wheeler, 1972; Bryan, 1974; Matson & Olendick, 1988; Toro, Weissberg, Guare, & Liebensetin, 1990) thus the success of the program may vary depending on the social skills taught. If researchers are not aware that children are at risk for either externalizing behavior

problems such as conduct disorders, (Coie, 1985) or internalizing problems, such as depression (Stone and La Greca, 1990) the differing social anxieties these groups tend to experience may be responsible for the lack of program success. (Achenbach & Edelbrock, 1982; Asher & Wheeler, 1985; Bierman, Miller & Stabb, 1987; Coie, Dodge & Cappotelli, 1982; Cowen, Pederson, Babigian, & Izzo, 1973; Dodge, 1983; La Greca, Dandes, Wick, Shaw & Stone, 1988). Next, the negative effects of school failure and academic difficulties (Schumaker, Pederson, Hazel & Meyen, 1983) must be considered in selecting a social skills training program that effectively improves the likelihood of success. In addition, the self-perceptions of a child's effectiveness to influence the behavior and feelings of others in positive ways, referred to as self-efficacy, has also been reported as influencing the successful outcome of social skills programs. (Goetz & Dweck, 1980; Ladd, 1981, Gresham, 1988). Furthermore, if the family as a unit is overlooked in providing direction and support, it may contribute to the lack of success in treatment. (Amerikaner & Omizo, 1984; Wilchesky & Reynolds, 1986). Finally, individual developmental characteristics such as maturity level, physical appearance and sex of the child may influence the success of the training program or the lack of it.

(Conger, & Keane, 1981; Goldstein, Sprafkin, Gershaw, & Klein, 1983; Hartup, 1983).

Significance of the Problem

Given the importance of social skills functioning for successful adjustment in school and social settings, adequate social skills for students experiencing learning difficulties is an essential goal. (Osman, 1987; Schumaker, Pederson, Hazel & Meyen, 1983). A problem with much of the research is that studies have been focused on social skills training; few have taken into account the various child and environmental variables that may affect the outcome of training programs. (Maag, 1990; Vaughn & Lancelotta, 1990). Researchers' comments on these studies are suggestive rather than definitive. They indicate the need for assessment of variables that may affect successful program outcome.

The investigator of the present study either assessed or considered several of these variables and utilized a representative training program so that modifications and/or accommodations could possibly be made to facilitate a more successful program for the target group. Researchers thus far suggest that two of the major reasons why children may not experience successful social skills functioning or social competence are (a) they do not exhibit the necessary

positive social skills to make friends or, (b) they exhibit an excess of aggressive-disruptive social behavior. As a result, these children are often forgotten, left out, isolated or are actively rejected and lack opportunities for positive peer interaction. (Conger & Keane, 1981). Thus, in an attempt to increase the probability of acquisition, maintenance and generalizability of social skills training, there is a need to assess various child and environmental factors to vary treatment for the target child.

Purpose

As indicated earlier, the literature dealing with differential training for children with learning difficulties is inconclusive. The purpose of this study was twofold: (1) to deliver a small scale multi-facet social skills training program for a subgroup of children experiencing learning difficulties and examine the outcome for a change in positive social behavior, social competence and self-efficacy and, (2) to determine what components of the study provided the most powerful results. The assessment instruments and training program described in this study should be helpful to school psychologists and consultants, special and regular education teachers in designing social skills training programs for children experiencing learning difficulties.

Overview of the Thesis

Chapter One consisted of an introduction to the thesis topic. Here the author presented the problem and purpose of the study. Chapter Two contained relevant literature on the constructs of social competence and social skills and their assessment. Also provided was a definition of learning difficulties and social validity as used in this study. Areas of social skills training programs were presented. Next, training programs that accommodate the special needs of children with learning difficulties were reviewed, followed by a discussion of the Structured Learning skills program. In Chapter Three a description of the subjects, the design of the study, selection of students, description of instruments and procedures were outlined, as well as a discussion of the limitations and parameters of the thesis and hypotheses stated. The results and the data analyses were presented in Chapter Four. The summary and discussion were outlined in Chapter Five and guidelines for applications of the present study including limitations and suggestions for further research were offered.

CHAPTER II

REVIEW OF RELATED LITERATURE

In accordance with the stated purpose of the present study, the review of the literature consists of a number of topics. The introduction focuses on the components related to the construct social competence specifically as they relate to children with learning difficulties. A multidimensional approach emphasized postive relations with others, age appropriate social acceptance, effective social skill behaviors and the absence of serious behavior problems. A definition of learning difficulties as used in this study concludes the introduction. This introduction is followed by issues regarding assessment of social competence and social skill behaviors. Included in this section on assessment is information about the checklists and rating scales used in this study. These include the Children's Self-Efficacy for Peer Interaction Scale (CSPI) (Wheeler & Ladd, 1982), the Child Behavior Checklist (CBC) (Achenbach & Edelbrock, 1983), the Teacher and Student Skill checklists (McGinnis & Goldstein, 1984). Also included is a definition of social validity and how it is operationally defined as used in this study. The next section contains issues surrounding social skills training programs for children experiencing learning difficulties. Results of

research and information about relevant training programs includes the Structured Learning program as developed by McGinnis and Goldstein (1984). This school-based treatment program has been described and considered with regard to its utility in promoting adequate social skills with children who experience learning difficulties. A conclusion summarizing this literature review on social competence and social skills constructs, assessment and training concludes this chapter.

Construct of Social Competence

Social Competence Defined

Social competence is a term that has been used interchangeably with the term social skills, often giving rise to confusion. There appears to be no agreement among researchers as to a universally accepted definition of either term. (Anderson & Messick, 1974; Andrews, Peat, Mulcahy & Marfo, 1990; Duck, 1989; Gresham, 1981; Zigler & Trickett, 1978). Some researchers use a general definition (D'Zurilla & Goldfried, 1971), whereas others report a multidimensional approach. (Michelson, Sugai, Wood & Kazdin, 1983; Vaughn, McIntosh & Zaragoza, 1992).

In a general sense, social competence may be simply stated as peer acceptance. (Elliott, Sheridan & Gresham, 1989). A similar definition is provided by

D'Zurilla and Goldfried (1971). These authors define social competence as a global behavior which refers to the ability to perform adequately with others and to participate effectively in social situations. A further definition is provided by McFall (1982). Social competence is a summary term that reflects social judgments about the general quality of an individual's performance in a given social situation. Although these definitions indicate that social competence measures social behaviors in a general sense, they provide limited clarification of those variables that may determine whether or not a child is socially skilled. (Conger & Keane, 1981). Researchers attempting to find meaningful results in the study of social competence must attempt to take child individual difference and environmental variables into account as much as possible. (Bryan & Bryan, 1990; Cartledge & Milburn, 1986; Hazel, Schumaker, Sherman & Sheldon-Wildgen, 1981; Maag, 1990; Rathjen, 1984; Vaughn & Lancelotta, 1990).

Several researchers defined social competence in terms of it's components. (Andrews, Peat, Mulcahy & Marfo, 1990; Gresham, 1981; Vaughn & Hogan, 1990). Andrews, Peat, Mulcahy and Marfo (1990) define social competence as a function of an interaction between thought processes, emotions and behavior of the target

child. These authors contend that no behavior is purely cognitive without an affective component, or purely affective without involving a cognitive component. Similarly, Gresham (1981) defines social competence as consisting of two components. However, this author focuses on the components of adaptive behavior and social skills.

According to several researchers, social competence is conceptualized as a multidimensional construct which includes four components. (Vaughn & Hogan, 1990; Vaughn, McIntosh & Zaragoza, 1992). These components include: (a) Positive Relations with Others.(e.g., peer relations), (b) Age-Appropriate Acceptance. (e.g., social acceptance, self-acceptance), (c) Effective Social Skill Behaviors, and (d) Absence of serious behavior problems, such as social withdrawal or aggressive behavior. No single component in isolation can adequately define the overall competence construct. (Vaughn & Hogan, 1990). A child's competence can be made up of strengths and weaknesses across the components.

Positive Relations with Others

Repeated studies have found that children with learning difficulties are perceived by peers, teachers and parents as less desirable social partners than their nondisabled classmates. Since Bryan's classic

research documenting the low peer acceptance of these children (Bryan, 1974), the peer relations of students with learning difficulties have been repeatedly studied. (Pearl, Donahue & Bryan, 1986; Wiener, 1987).

Studies varying on the definition of learning disability, age or other demographic variables, have similarly found that children with learning difficulties exhibit high rates of negative and inappropriate types of social interactions with peers and are more likely to be rejected or ignored by classmates. (Bruininks, 1978; Bryan, 1974; Bryan, 1978; Donahue, Pearl & Bryan, 1980; Morrison, Forness & MacMillian, 1983; Schumaker, Hazel, Sherman & Sheldon, 1982). Reviews of these studies indicate that more students who experience learning difficulties are identified as rejected and fewer are identified as popular than their non-disabled classmates. In addition to the overall finding of social competence difficulties, girls experiencing learning difficulties appear to be at greater risk for rejection and low peer acceptance than are male students of the same target population. (Bryan, 1974; Bruck, 1986).

Peer relations are the focus of extensive research because they have been associated with later life difficulties. (Vaughn & Hogan, 1990). Children who experience problems interacting with others are at risk

for school adjustment and learning difficulties, delinquency, dropping out of school (Elliott & Voss, 1974; Murray in Gresham & Elliott, 1989; Ullman, 1975) and conduct disorders in adolescence. As adults, problems include serious disorders requiring the services of mental health professionals. (Cartledge & Milburn, 1980; Coie & Dodge, 1983; Coie & Krehbiel, 1984; Cowen, Pederson, Babigian, Izzo & Trost, 1973; Parker & Asher, 1987).

Age Appropriate Social Acceptance

A child's developmental level and sex may have an impact on the type of social behaviors approved by peers and on the structure and organization of peer relations. (Hartup, 1983). With age, peer interactions and friendships become more interative, verbal, reciprocal, and complex. During the preschool years, the focus of most peer relations is around shared play activities. Play skills including sharing, smiling, looking, giving, along with neutral task-oriented communications characterize positive interactions. In the course of elementary school, two major changes take place in peer relations. First, play becomes more organized and more elaborate. Rather than the manipulative object play or dyadic dramatic play which characterizes preschool interactions, grade school children select more complex, rule bound games which

often involve multiple players and multiple roles, such as kicking the ball in the school ground, or board games. (c.f., Hartup, 1983). Secondly, stable "best" friendships begin to emerge. (Sullivan, 1953). These friendships are marked by a sense of commitment toward each other. By the end of elementary school, communication such as calling friends on the phone after school indicates a new major focus of peer relationships. (Hartup, 1983). Thus, throughout these years, as peer relationships become more interactive and complex, the skills needed for positive peer interaction become more complex.

Self-acceptance. Children with learning difficulties are described as having accurate self-perceptions. (Battle, 1979; Chapman & Boersma, 1980). In general, these childrens' overall feelings of self-worth are as accurate as those of their non-disabled classmates. (Bryan, 1986; Cooley & Ayres, 1988). Bender (1987) determined that there were only significant differences between these students and their non-disabled peers across grades 3 through 6 on the behavior and intellectual status subtests of the Piers Harris self-concept scale. (Piers, 1984).

Effective Social Skills Behaviors

Social competence is a critical domain of human development and may be particularly important for

children experiencing learning difficulties who have problems in other areas. (Keogh, 1990). Other problem areas include problem social behavior (Cullnan, Epstein & Lloyd, 1981; Quay & Peterson, 1975; Stone & La Greca, 1984), and verbal communication problems. (Bryan & Bryan, 1978; Bryan, Wheeler, Felcan & Hanek, 1976; Noel, 1980; Spekman, 1981).

Problem Social Behavior. The few studies that have investigated children's social competence across both family and school environments suggest that rejected and low peer accepted children have problem social behavior in both settings. (French & Waas, 1985). An examination of the behavior problems of 295 students experiencing learning difficulties on the Behavior Problem Checklist (Quay & Peterson, 1975) indicated that while there were no significant differences between these students and their non-disabled peers on conduct disorders, they demonstrated greater maladjustment difficulties on the personality problem scale. (Cullinan, Epstein & Lloyd, 1981). In terms of personality problems, both male and female students experiencing learning difficulties were identified by teachers as exhibiting greater degrees of internalizing behavior problems such as shyness, social withdrawal, anxiety, tension and aloofness. Similarly, Stone and La Greca (1984) found that these students

exhibited more anxious-withdrawn behavior than their non-disabled peers.

In a study using the Child Behavior Checklist (Achenbach & Edelbrock, 1983) McConaughy and Ritter (1986) found that parents of students experiencing learning difficulties reported significantly lower levels of social competence, such as participation in activities and social interaction than did parents of non-disabled peers. In this same study, students experiencing learning difficulties were reported to have both higher scores on externalizing (e.g., aggressive, acting out) and internalizing (e.g., social withdrawal, depression) behavior problems.

Because children experiencing learning difficulties tend to be more frequently rejected and receive lower ratings of peer acceptance than their non-disabled peers, the assumption is that they lack the appropriate skills to interact adequately with their peers. (La Greca & Mesibov, 1979). However, low peer acceptance does not necessarily correspond with low social skills. Furthermore, improving social skills does not guarantee increased peer acceptance or social competence. (Bierman, 1986; Bierman & Furman, 1984).

Verbal Communication. Several researchers have focused on verbal communicative types of social skill behaviors that characterize children with learning

difficulties (Bryan & Bryan, 1976; Bryan, Wheeler, Felcan & Hanek, 1976; Noel, 1980; Spekman, 1981), and what subgroups of students with learning difficulties are most at risk for social skills problems. (Vaughn & Hogan, 1990). Verbal communication is defined as one's ability to provide meaningful and descriptive communication with others.

Using an observational technique to record children's conversation, Bryan, Wheeler, Felcan and Henek (1976) examined the content of verbal communications which occurred between 17 children with learning difficulties and 17 non-disabled peers in grades 3 to 5. Results indicated that the children experiencing learning difficulties were more likely to emit competitive statements and less likely to emit considerate statements than comparison children. Bryan and Bryan (1976) also found that children experiencing learning difficulties not only emitted more insulting utterances to peers than their non-disabled classmates, but they were also the targets of more insulting remarks by their peers.

Noel (1980) explored the communication abilities of 40 males experiencing learning difficulties and 40 non-disabled males between the ages of 9 and 11 years of age. Noel found that better messages were received from non-disabled students than those children

experiencing learning difficulties. Noel reported that non-disabled students described objects by means of labels or names whereas the children experiencing learning difficulties were more likely to describe the shapes of objects. In a similar study, Spekman (1981) found that when children experiencing learning difficulties were speakers, many of their messages were unproductive, irrelevant to the task or repetitious. Spekman noted that although these students asked as many questions as the comparison group, they received less meaningful replies. Students experiencing learning difficulties may not make appropriate modifications in their language to accommodate the listener (Knight-Arest, 1984; Soenksen, Flagg & Schmits, 1981) and tend to display a more egocentric communication style. (Soenksen et al., 1981). These children appear to be either unaware of the messages they are sending or their intentions are often misinterpreted by others. It is likely that because their social commmunication is less responsive to their partner they are less desirable social partners. Because verbal communication has been considered more important for female friendship making and maintenance than for males, the communicative difficuties of this subgroup of students may partially explain why female students experiencing learning difficulties have been

at greater risk for peer rejection than males. (Vaughn & Hogan, 1990).

Social Skills Defined. The various attempts to define social skills illustrate the lack of agreement and complexity that exist in the literature. (Hops & Greenwood, 1988). Combs and Slaby (1977) define social skills as "the ability to interact with others in a given social context in specific ways that are societally acceptable or valued and at the same time personally beneficial, mutually beneficial, or beneficial primarily to others" (P. 162). Foster and Ritchey (1979) defined social skills as "those responses which within a given situation prove effective, or, in other words, maximize the probability of maintaining or enhancing positive effects for the interactor." (p. 626). Just as these conceptualizations of social skill relate to assessment techniques, other conceptualizations relate more to treatment concerns.

Michelson and Mannarino (1986) suggest that social skills are generally regarded as a set of complex interpersonal behaviors. The term, skill, is used to indicate that it is not a global personality trait, but rather a set of learned and acquired behaviors. Another definition offered by Kratochwill and French (1982) defines social skills as refering to the specific behaviors that are necessary to achieve

competent performance on a particular task (e.g., problem solving skills, friendship making skills).

Although these conceptualizations of social skills are by no means exhaustive, they are representative of current social skills literature. In an attempt to identify a common core among these definitions, Michelson, Sugai, Wood and Kazdin (1983) provided an integrated multi-component definition of social skills as follows:

1. Primarily acquired through learning (e.g., observation, modeling, rehearsal and feedback).
2. Comprised of specific and discrete verbal and nonverbal behaviors.
3. Entail both effective and appropriate initiations and responses.
4. Maximize social reinforcement (e.g., positive responses from one's social environment).
5. Interactive by nature and entail both effective and appropriate responses (e.g., reciprocity and timing of specific behaviors).
6. Performance is influenced by the characteristics of the participants and environments in which it occurs (i.e., situational specificity). That is, factors such as age, sex and prestige status

of the recipient affects social performance.

7. Deficits and excesses in social performance can be specified and targeted for intervention.

Several researchers promote the importance of these components of social skills and implement intervention programs based on this definition to improve the adaptive and social skills difficulties of children with learning difficulties. (Cartledge & Milburn, 1980; Gresham, 1981; La Greca & Mesibov, 1979). Michelson and Mannarino, (1986) indicate that social skills must be considered in terms of its deficits and excesses. This directionality of social skills includes both social withdrawal and social aggression. (Michelson & Mannarino, 1986).

Absence of Serious Problem Behaviors

Social Withdrawal. Researchers describe the unassertive, socially withdrawn child as isolated, shy or passive. (Coie, Dodge & Coppotelli, 1982). Generally speaking, children defined as socially withdrawn are those children exhibiting relatively low rates of directly observed social interaction. (Greenwood, Todd, Hops & Walker, 1982). Increasingly, these socially withdrawn and or isolated children have come to the attention of mental health professionals. (Hops, 1982). Michelson and Mannarino (1986) indicate

that children who are socially withdrawn fail to express their needs and opinions, which results in others' not attending to or responding to their feelings. Likewise, children who emit passive social responses are likely to demonstrate behaviors that are more reflective of internalizing feelings of fear, anxiety, inadequacy, incompetence and depression. (Frentz, 1986).

Social withdrawal in children can represent a threat to present functioning. (Kohn, 1977). The nonassertive child can find social situations highly aversive due to the anxiety experienced when engaged in interpersonal interaction. (Michelson & Mannarino, 1986). Recognizing that peer interaction is reciprocal, withdrawn children elicit fewer positive social responses from peers, resulting in an overall diminished level of social contact. Researchers indicate that these unassertive children carry their social skill deficiences into their adulthood. (Kohn, 1977).

In a longitudinal study, Kagan and Moss (1962) found that passive withdrawal and social interaction anxiety in children was strongly related to similar behavior dispositions in later school years. (p. 277). Considering that important social milestones may be delayed, leading to even more serious dysfunctions,

these children appear to be at risk for experiencing higher rates of adult psychopathology. (Michelson & Mannarino, 1986). Although socially withdrawn children may not be as readily perceived by adults as being problematic, it appears important that this subgroup of children be identified for subsequent intervention.

Social Aggression. At the other end of the social skill deficit spectrum are children with behavioral excesses. These children are typically labeled as socially aggressive, uncooperative and acting out. (Michelson & Mannarino, 1986). Generally, they fail to demonstrate the appropriate social skills necessary to perform effectively in social interactions. These socially aggressive children also tend to behave in a manner that is unpleasant to others. Frentz (1986) stated that these children are likely to display more externalizing interfering behaviors such as aggressive behavior, poor anger control and impulsive behavior.

The study of children's socially aggressive behavior has long been the focus of research among clinicians, developmentalists and educators. (Hops & Greenwood, 1988). Peer directed aggressive behavior is stable (Patterson, 1982), highly predictive of academic problems (Coie, 1985) and later antisocial behavior including criminal behavior, spouse abuse (Huesmann, Eron, Lefkowitz & Walker, 1984) and psychiatric

disturbances. (Michelson & Wood, 1980). Early peer social rejection is the best and single sociometric predictor of psychiatric disorders in adulthood. (Cowen, Pederson, Babigian, Izzo, & Trost, 1973).

Both the socially withdrawn and aggressive child exhibit behavior dysfunctions related to their inability to act effectively and appropriately within their social environment. For these two subgroups of children, who also experience learning difficulties, their present and future adjustment may greatly depend on whether their social skills deficits and excesses are identified and remediated. (Kohlberg, Lacrosse & Ricks, 1972).

This review of the literature of components related to the construct social competence has shown that across all four areas; positive relations with others, age appropriate social acceptance, effective social skills and absence of serious behavior problems, children experiencing learning difficulties appear to be at greater risk than their non-disabled classmates.

Although caution must be exercised in defining social skills deficits in the entire target population, students experiencing learning difficulties do appear to be more at risk for social skill deficiencies than their non-disabled peers. Subgroups of these students (e.g., female, socially withdrawn or socially

aggressive) may benefit from social skills intervention (Vaughn, 1985), particularly since researchers indicate they tend not to grow out of their social difficulties. (Leigh, 1987).

Definition of Learning Difficulties

The present study defined students experiencing learning difficulites as those scoring within the average range on an intellectual ability test (WISC-R or Stanford Binet) and receiving resource room assistance for a deficit in reading achievement of 1 1/2 to 2 years.

These learning characteristics suggest that assessment measures and training programs must be simple and easy to understand. Materials should be written at low reader ability levels so that the child experiencing learning diffculties can read and understand materials without difficulty. Concepts must be presented in a highly structured way with several examples utilizing several senses such as visual, auditory and touch. (Schumaker, Pederson, Hazel, & Meyen, 1983).

Assessment of Social Competence and Social Skills

The importance of developing appropriate social skills for maintaining effective interpersonal relationships has already been established. Assessment techniques are needed that will identify those children who experience social competence difficulties, identify social skill behaviors that present problems for the target child (Dodge, McClaskey & Feldman, 1985) and provide information relating to how children view their effectiveness in social situations. (Gredler, 1992). The selection of social skills treatment strategies is dependent on assessment techniques. A consensus to the most appropriate assessment technique for social competence and social skills does not exist. (Hopps & Greenwood, 1988; Gresham, 1986, Gresham & Elliott, 1989). Some investigators use one technique solely, whereas others utilize a multi-purpose approach.

Assessment of Social Competence

The purpose of assessing social competence is twofold: (a) as a screening goal to identify children who may be experiencing social competence difficulties in the general sense or, to identify children who may be at risk for more severe behavioral difficulties and (b) as an outcome goal to evaluate the impact of social skills intervention. (Garmezy, 1973; Gresham & Elliott, 1989; Hops & Greenwood, 1988). Gresham and Elliott

(1989) suggest that measurements utilized for these identification and evaluation goals do not necessarily provide information about specific behaviors. For example, the most frequent method by which children are brought to the attention of counsellors, psychologists and medical professionals is simple identification and referral of observed problem social behavior by parents or teachers. (Hops & Greenwood, 1988).

Parent Ratings

The most common judges of social competence in children have been parents, teachers and peers. (Hops & Greenwood, 1988). Parent ratings have been shown to be valid indicators of a child's social relationship. (Achenbach & Edelbrock, 1983). Several of these rating inventories have been developed specifically to assess children's social competence. Answers to questions such as, does the child have friends in the neighbourhood and at school, indicate which children are perceived by their parents as experiencing difficulty with social behaviors in and out of the classroom. (McGinnis & Goldstein, 1984).

Cartledge and Milburn (1986) indicate problems with the reliability of parent reports. They report that parent reports do not typically correlate highly with other measures. Nevertheless, Humphreys and Ciminero (1979) suggest that parent reports should be

included and compared with other assessment data since parent perceptions and attitudes may be part of the student's problem requiring intervention. A review of a common parent report of a child's social competence follows.

The Child Behavior Checklist. (CBC) The Child Behavior Checklist (CBC) designed by Achenbach and Edelbrock (1983) provides parent reported social competence data. There are three social competence scales: (a) activities, the amount and quality of the child's involvement in jobs and chores, in sports, hobbies and games; (b) social, the quantity and quality of the child's social activities with others, and (c) the school scale, for school-age children, assessing the quality of school performance and any related problems. A social competence score is derived from parent's estimates of their child's involvement with organizations and friends.

The CBC contains 118 items and is standardized on children 4-16 years of age. It has been found to have high test-retest reliability and high agreement between parents. There are also considerable normative data available. The advantage of the CBC is that it is easy to administer and focuses on social competence. Other than parent ratings of social competence, a common

method of identifying children who lack of social competence is role taking.

Role taking

Role taking is the ability to understand others' thoughts, intentions (e.g., cognitive) and feelings (e.g., affective). (Eisenberg & Harris, 1984). Jones (1992, p. 52) referred to role taking as a social cognition. He indicated that it was an ability to see things from another person's point of view, which is developed during middle childhood.

There appears to be two disadvantages of role taking as a measure of social competence. The relation between measures of role taking and indicators of social competence is not entirely consistent. Inconsistencies are due, in part, to problems in the measurement of role-taking skills. (Eisenberg & Harris, 1984). For example, cognitive role taking ability is often assessed with a variety of measures that appear to tap different capabilites. Furthermore, some instruments may be more appropriate for one student population or age group than another. (Shantz, 1983). Bellack (1979) and Arkowitz (1981) have questioned the external validity of such tests and their ability to predict performances in naturalistic situations. Other researchers found that role taking abilities have

frequently been positively related to social status. (Ford, 1982; Peery, 1979).

Sociometric Status Measures

Although sociometric status measures have not been a traditional assessment measure, increasing numbers of investigations in social skills training are using them as selection, outcome and social validation measures. (Gresham & Nagle, 1980; La Greca & Santogrossi, 1980). Popular sociometric measurements such as nominations (Coie, Dodge & Coppotelli, 1982; Hops & Greenwood, 1988) and peer ratings (Greenwood, Walker & Hops, 1977) have been shown to have considerable concurrent and predictive validity and can be used for screening children for further evaluation. (Hops & Greenwood, 1988).

Peer Nomination. The basic procedure for the peer nomination technique (McGinnis & Goldstein, 1984) requires that students nominate peers according to nonbehavioral criteria such as attributes (e.g., best friends, preferred partners) or activities (e.g., play, work). Often a negative peer nomination method has been used as a means to identify those students who are actively disliked and/or those who are ignored by their peers. (Hartup, Glasser & Charlesworth, 1967). For example, neglected children are those who receive few positive or negative nominations, whereas rejected

children are those who receive primarily negative nominations but few or no positive nominations. Hymel and Asher (1977), cited in Asher and Hymel (1981) report that in a sample of 205 elementary school aged children, 5% were found to be neglected and 3% to be rejected. This additional peer nomination procedure has been criticized on ethical grounds. It appears that negative nominating may serve as a stimulus to increase negative interactions with unpopular children. (Foster & Ritchey, 1977).

The peer nomination approach that has received the most empirical support is that developed by Coie, Dodge and Coppotelli (1982). According to Coie and his associates, a student may be classified as either popular, neglected, rejected, controversial, or average. However, Newcomb and Bukowski (1983) utilized this classification system and found that as many as 45% of students in a classroom could not be classified. Many students did not obtain significantly different numbers of peer nominations for them to be classified into only one of these social status groupings.

Peer Rating. Peer rating procedures (Gresham & Elliott, 1989) require that each child is rated by every other child on a three to seven point Likert type scale according to nonbehavior criteria questions, such as "How much would you like to play with .... at

recess?" The advantage of this technique is that everyone in the class is rated and because a class roster is used, all classmates must be rated. (Greenwood, Walker & Hops, 1977). A student's score on a peer rating measure is the average rating received.

Whereas peer nominations seem to measure best friendships or popularity in the peer group, peer ratings appear to capture a student's overall acceptance level within the peer group. (Gresham & Elliott, 1989). Several studies indicate that peer ratings tend to be more stable than the nomination procedures described above. (Asher, Oden & Gottman, 1976). For the "play with" rating scale a test-retest correlation of .82 (Oden & Asher, 1977) and a stability coefficient of .81 (Asher, Singleton, Tinsley & Hymel, 1979) have been reported. Two disadvantages of peer ratings include, (a) a tendency to rate peers in the middle of the scale and, (b) giving every peer the same rating. (McConnell & Odom, 1986).

Sociometrics have several disadvantages. They do not provide information on a student's competencies or on situational determinants, all of which are needed to design intervention strategies. (Foster & Ritchey, 1977). Second, although they can be useful for both screening and outcome purposes (Foster & Ritchey, 1977), they are less valid than teacher rating

procedures when screening for socially unresponsive, withdrawn behavior. (Hops & Greenwood, 1981). Third, although the information gained from both peer nomination and rating techniques is frequently important for selection and grouping of those children experiencing low social status, the use of negative peer nominations requiring students to identify peers they don't like, may sanction the behavior and also induce students to interact more negatively with these children in the future. (Asher & Hymel, 1981; O'Leary & Johnson, 1979). Increased negative interaction by peers may perpetuate negative perceptions of self effectiveness of social competence and a low self-concept.

Self-concept/Self-efficacy

Self-concept, broadly defined, relates to an individual's perceptions of self. These perceptions are formed through personal experiences and interpretations of the environment and are especially influenced by reinforcements, evaluations by significant others and attributions for one's own behavior. (Shavelson & Bolus, 1982). The construct of self-concept has further been defined as multifaceted. (Shavelson, Hubner & Stanton, 1976; Burns, 1986). A facet of the construct self-concept that plays a major role in a child's success in social situations is

self-efficacy. (Wheeler & Ladd, 1982). It is the belief that one can successfully perform behaviors required to produce desired outcomes. (Bandura, 1977).

Self-concept appears to be a significant component in motivation for learning. (Jones, 1992). Negative self-concept has been linked to children who experience learning difficulties. (Black, 1974; Sheare, 1978; Tolor, Tolor & Blumin, 1977). Self-concept is most commonly measured by self-reporting. (Jones, 1992). Black, (1974) compared 25 children experiencing learning difficulties with 25 academically non-disabled peers on the Piers-Harris Children's Self-Concept Test (Piers & Harris, 1969), the most popular of all self-concept instruments available. (Luftig, 1988). When compared to the control group, the children experiencing learning difficulties obtained lower self-concept scores. Tolor, Tolor and Blumin (1977), compared the self-concept of 28 children experiencing learning difficulties in kindergarten through to grade 4 with a control group. Using the revised Self-Appraisal Inventory, the children experiencing learning difficulties exhibited less positive self-concepts when compared with the control group.

In another study, Sheare (1978) administered the Piers-Harris Self-Concept measure and the Peer Acceptance Scale to 82 children. A significant

relationship was found between self-concept and peer acceptance scores. In all cases, the children experiencing learning difficulties received lower self-concept scores and lower peer acceptance ratings. Although measures used in these studies include a social subscale for assessing children's evaluations of their social relationships or popularity, these subscales do not measure a child's self-evaluation of effectiveness of social competence.

This self-efficacy in social situations may differ as situations vary. (Bandura, 1982; Shavelson, Hubner & Stanton, 1976). Some situations require greater skill and carry higher risk of negative outcomes than do other situations. Succcess tends to raise judgment of social competence, whereas repeated failures lowers judgment. Occasional failures have little effect on judgment for students with a strong sense of social competence. In contrast, failure is influential for students who are unsure of their abililities. (Gredler, 1992). Thus, self perceptions of one's effectiveness of social competence may vary accordingly.

This perceived self-efficacy influences task-related behavior and also can produce long-term effects. (Gredler, 1992). A measurement of self-efficacy is a useful technique to identify those

children who lack social competence and as a measure for treatment outcome. (Lefcourt & Loughlin, 1966; Rotter, 1966). Lefcourt and Loughlin (1966) and Rotter (1966) indicate that the more an individual believes he can influence the behavior and feelings of others, the more likely that he will actually attempt to cope with conflicts when they occur. Children experiencing learning difficulties tend to be less popular than their peers and approach peer conflict in a win or lose type of situation. (Carlson, 1987). Their goals in peer conflict reflect a lack of verbal negotiation skills.

Children's Self-Efficacy for Peer Interaction Scale (CSPI). The Children's Self-Efficacy for Peer Interaction Scale (CSPI), a self-reporting instrument designed by Wheeler and Ladd (1982) was developed to measure elementary school aged students' perceptions of their verbal ability to influence the behavior and feelings of others in socially acceptable ways. The 22 item scale reflects two dimensions, conflict and nonconflict. The authors report the CSPI to have adequate internal consistency and stability. An advantage of the CSPI is that it may be useful as information for intervention in identifying those children who lack confidence in their use of verbal communication skills. (Wheeler & Ladd, 1982).

The external validity of self-report measures of competence in relation to actual competence have been questioned. (Cartledge & Milburn, 1986; LaBenne & Greene, 1969). Correlations between self-reports and teacher ratings are low. These measures require the students to make judgments concerning their behaviors or feelings. (Jones, 1992). Students may elicit responses that are not truthful and some students may not be capable of making accurate evaluations about themselves. (LaBenne & Green, 1969). Nonetheless, Harter (1982) indicated that self-reports can be useful as indicators for evaluation of the intervention as they may foster a realistic sense of social competence. The advantage of self-reports is that they provide a view of the student based on the student's experience and knowledge of himself. (LaBenne & Greene, 1969).

Although the value of assessment for the purpose of identifying the socially incompetent child appears to be well established, (Combs & Slaby, 1977; Sprafkin, 1980) assessment measures designed for this purpose do not necessarily identify the specific social behaviors that often present problems for a particular child. (Dodge, McClaskey & Feldman, 1985). It is important to utilize assessment techniques which will identify those children exhibiting social competence difficulties and to identify the specific behaviors that present

problems for the target child. (Dodge, McClaskey & Feldman, 1985).

Assessment of Social Skills

The purpose of treatment is to identify specific problem behaviors for appropriate social skills intervention. (Gresham & Elliott, 1989; Hops & Greenwood, 1988). Assessment instruments most commonly used to identify these social behaviors include a variety of behavior checklists, rating scales, inventories and observation techniques. (Cartledge & Milburn, 1986).

Behavior Checklists and Rating Scales

Behavior checklists, both published and unpublished, exist in large numbers. Of these, Walls, Werner, Bacon and Zane (1977) published a review of 166. These checklists can be either standardized instruments, providing reliability and validity data, or instruments devised by the designer to meet a specific need. Checklists are used to record the presence or absence of specific characteristics or behaviors, (Mercer, 1987) whereas rating scales are designed to indicate the frequency of a particular behavior. (McGinnis & Goldstein, 1984; Mercer & Mercer, 1989). Social skills rating inventories designed for teaching programs can also be used as checklists for assessment. (McGinnis & Goldstein, 1984). Several

assessment procedures provide information that allows for determining whether social skills problems exits.

An assessment instrument that provides a view of specific behaviors is the Walker Problem Behavior Identification Checklist (WPBIC) designed by Walker (1970). Standardized on grade four, five and six elementary aged students, this checklist is designed to identify children with behavior problems severe enough to classify them as emotionally disturbed. The checklist contains 50 items that have been factored into five scales of disturbed behavior: (a) acting-out, (b) withdrawal, (c) distractibility, (d) disturbed peer relations and (e) immaturity. The WPBIC provides a pupil profile according to the five scales.

Child Behavior Checklist. (CBC). One of the most comprehensive assessment tools which provides diverse views of a child's problematic behavior has been the Child Behavior Checklist (CBC) designed by Achenbach and Edelbrock (1983). (Hops & Greenwood, 1988). The CBC was originally developed for parents to identify social competence and problem behavior. It was later modified and made available in a teacher report form. (Hops & Greenwood, 1988). The teacher's report form contains 113 items and is standardized on children 4-16 years of age. Data provided by teachers also contains a 97-item Direct Observation Form. Specific factors of concern

for age groups 6 - 16 include social withdrawal and aggressiveness. For these age groups the subgroupings known as internalizing and externalizing behaviors can identify those children who may be at risk for further assessment or referral to other professionals who are involved with the child. The CBC has been found to have excellent psychometric properties. (Kelley, 1985; McConaughy, 1985; Mooney, 1984). The CBC has high test-retest reliability and high agreement between parents. There are also considerable normative data available. The authors indicate that when combined with related teacher forms, it provides an opportunity to compare more than one kind of assessment and compare ratings of both parents and teachers. In terms of social skill intruction, the CBC provides a pupil profile according to two behavioral areas: (a) eight specific behavior scales and, (b) two subgroupings of broad behavioral problems.

Two advantages of the WPBIC and the CBC are (a) that they discriminate between boys and girls, allowing for more problem behaviors among boys since this appears to be typical in the general population and, (b) both instruments provide a pupil profile according to their respective specific behavior scales enabling the examiner to identify problem areas that might receive further attention for both assessment and

instruction. The CBC has a further advantage. In addition to providing a profile of eight behavioral scales, it also provides a profile of two clinical subgroups of behavior problems: (a) internalizing and, (b) externalizing. Different behaviors and cognitions have been found to be associated with each subgouping. (Coie, Dodge & Coppotelli, 1982). Thus this added profile improves the ability of the examiner to identify specific behaviors that may be associated with each subgroup and screen for those children who may require added consideration during intervention to promote success of treatment or referral for further assessment.

Teacher Ratings

Teacher ratings are one of the most frequently used assessment strategies for specific behavior problems in the classroom. (Edelbrock, 1983; Hoge, 1983). They are a cost efficient way of providing initial screening and subsequent referral of student for further evaluation of social interaction problems. (Michelson & Wood, 1980). Teacher ratings have been validated against behavioral observations as well as sociometric data. (Gresham, 1981).

In a number of studies, teacher ratings, behavioral observations and sociometric peer data have been used to examine the relationship between peer

rejection in school settings. Peer and teachers both describe rejected children as disruptive, aggressive, dependent, non-compliant and uncooperative. (Coie, Dodge & Coppotelli, 1982). Naturally occurring behavioral observations of rejected children in playground settings during recess tend to support these peer and teacher ratings. On the playground, rejected children engaged in more behaviors such as shoving, hitting and teasing than children of average, popular or neglected status. (Dodge, Coie & Brakke, 1982; Ladd, 1983).

The value of teacher ratings depends upon the opportunities that the teacher has had to actually observe situations where the specified behaviors might occur. (Gresham, 1981). Factors that might detract from the value of the ratings include demand characteristics, personal biases, expectancies, operational understanding of the behavior to be rated, response set and carelessness. (Michelson & Wood, 1980).

The Teacher Skill Checklist. McGinnis and Goldstein (1984) developed a teacher rating measure, the Teacher Skill Checklist. This measure is a 60-item checklist which is completed by the teacher who is familar with a student's behaviors in a variety of situations. It requires the rater to respond to

descriptions of the skills taught in a structured learning skills program (McGinnis & Goldstein, 1984) in terms of frequency of the use of the skill. Five specific areas of social skills are tapped: (1) classroom survival skills, (2) friendship-making skills, (3) skills for dealing with feelings, (4) skill alternatives to aggression and, (5) skills for dealing with stress. The rating scale provides an opportunity for the rater to identify situations in which the skill is particularly problematic. The student's skill behaviors can be rated and summarized, yielding a numerical proficiency value for each skill and pinpointing the particular situations associated with difficulty in skill use.

Although teachers appear to be able to assess their students' behavior accurately, teacher ratings should not be used as primary outcome measures. (Gresham, 1981). Gresham (1984) cited in Cartledge and Milburn (1986) suggests that these ratings provide a measure of how the child is viewed by others, which is one aspect of social validity.

Self-Reported Ratings

Self-report measures of children's special social behavior are not as frequently used as sociometrics, teacher ratings, and direct observations due to the potential for bias, social desirability and reading

level difficulties. (Gresham & Elliott, 1989). Most self-report instruments for children have been modifications from scales originally developed for adults. (Michelson & Wood (1980).

Michelson and Wood (1980) developed the Children's Assertive Behavior Scale (CABS), a 27 item multiple-choice test designed to measure positive and negative assertion in elementary age school children. Although the scale shows some evidence of stability and internal consistency, little data support its ability to predict sociometric status, teacher ratings of assertion, or naturalistically observed assertive behaviors. In addition, the content validity of the scale is questionable as it only measures assertive behavior, a narrow aspect of children's social skills. (Gresham & Elliott, 1989). For children with reading difficulties this measure can appropriately be used as a question list or schedule for a structured interview, rather than as a self-report inventory. (McGinnis & Goldstein, 1984).

The Student Skill Checklist. McGinnis and Goldstein (1984) developed a self-report rating measure, the Student Skill Checklist, which is a 60-item checklist designed to assess students' perceptions of the skills they feel they need to learn. The checklist taps the same five specific dimensions of

social skills as does the Teacher Skill Checklist (McGinnis & Goldstein, 1984), such as classroom survival skills, friendship-making skills, skills for dealing with feelings, skill alternatives to aggression and, skills for dealing with stress. No validity or reliability data is available for this checklist. McGinnis and Goldstein (1984) suggest that this self-rating may contribute to students' awareness of the skills that might be taught to them through a structered learning training program. The reading difficulty level is reported at grade 3. However the authors indicate that the checklist is lengthy and may require several sessions with the student in order to complete the entire list.

A wide range of asessment techniques designed to identify specific problem behaviors were presented. Behavior checklists and rating scales have certain advantages. (Cartledge & Milburn, 1986). They are easy to administer and analyze making it possible to use copies of the same instrument to obtain responses from several different information on the same child. For example, one child could be rated by his parents, teacher and school counselor. A comparison of the several responses would aid in identifying the most salient behaviors to address and to gain an understanding of how the child's behavior in one

situation may be different from behavior in another situation. Furthermore, it is necessary to assess both the child's knowledge of a behavior and whether he can perform it in appropriate situations. (Cartledge & Milburn, 1986).

Although the value of these instruments to identify social problems appears to be well established (Sprafkin, 1980) there are problems of validity and reliability with most social skills assessment tools. (Hops & Greenwood, 1981). First, a major problem exits with self-rating pencil and paper tests. These tests must be used cautiously. (Hops & Greenwood, 1988). Self-report measures are subject to the influence of social desirability issues. (Gresham & Elliott, 1989). As well, validation is based on the student's reading ability, which accounts for low validity correlations with other measures. Second, teacher ratings appear to be less reliable than behavioral observations in measuring change during and after treatment and to be less able to target specific behaviors that are of concern. However, solely relying on the use of one set of data may lead to invalid conclusions of effectiveness. (Oden & Asher, 1977). The accuracy of assessment results are increased by utilizing more than one assessment tool (Gresham & Elliott, 1989; Michelson & Wood, 1980) and reports from more than one person

(Ollendick & Herson, 1984) in an attempt to gain consensus among them. Specific behavioral assessment data that examines the relationship among behavioral, cognitive and environmental variables also requires delivering effective training. (Maag, 1990).

Social Validity Defined

Social validation refers to the social importance and effective use of behavior, which is evaluated by significant others in the child's environment. Social validation is a criterion for selecting specific problem behaviors for social skills intervention and evaluating treatment. (Cartledge & Milburn, 1986). Agreement about what is regarded as acceptable social behavior on the part of the target children needs to be established among persons involved. (Cartledge & Milburn, 1986). Gresham (1984) cited in Cartledge and Milburn (1986) suggests that socially important outcomes of social skill training for children might include "acceptance in the peer group, acceptance by significant adults" (p.8).

In this study, social validity is operationally defined by three measures: (1) the Child Behavior Checklist measuring social competence and problem behaviors (Achenbach & Edelbrock, 1983), (2) the Teacher Skill Checklist, and (3) a self-report Student Skill Checklist. (McGinnis & Goldstein, 1984).

Social Skills Training with Children Experiencing Learning Difficulties

The basic premise of social skills training with students experiencing learning difficulties is that these children frequently lack social competence and experience significant problems in social situations. (Curran, 1979, Gresham & Reschly, 1986). They are disproportionately uninvolved (Lovitt, 1987) ignored and rejected by peers (Bruininks, 1978; Osman, 1982) and frequently face further rejection from parents and teachers. Inadequate social competence with peers and adults promotes frustration, lowered self-concept and loneliness. (Lovitt, 1987). It may also pose problems for the larger societal group. Children who have problems interacting with others are more likely to drop out of school, be involved in delinquent behaviors and be at high risk regarding general social adjustment later in life. (Cox & Gunn, 1980).

Although there are an abundance of social skills training programs available (Maag, 1990), few have been specifically directed at children with learning difficulties. (La Greca & Mesibov, 1979; Schumaker, Pederson, Hazel & Meyen, 1983). Programs have been developed for pre-school, elementary and adolescent populations. These programs tend to be based on theoretical models and typically use a multi-method

training approach. (Barton, 1986; Goldstein, Sprafkin, Gershaw & Klein, 1980; Stephens, 1980). Common methods acceptable for classroom use involve presenting the skill, identifying specific responses, modeling the behavior and providing guided practice (e.g., coaching), feedback and opportunities to practice the behavior in other settings with different people (e.g., generalization). (Cartledge, 1987; Cartledge & Milburn, 1983).

Social Skills Models

Instead of reflecting a conceptual model, social skills training programs tend to reflect the theoretical beliefs of their designers. Early programs were based on a social skills deficits model and emphasized behavior change. (Hymel, 1986; Michaelson, Sugai, Oden & Asher, 1977; Wood, & Kazdin, 1983). Later programs focused on a cognitive-behavioral hybrid model emphasizing changes in both behavior and thought processes. (McNeilly, & Yorke, 1990; Matson & Olendick, 1988; Meichenbaum, 1975, 1979; Oliva & La Greca, 1988).

Social Skills Deficits

The social skill deficit model was based on the assumption that children may experience social rejection or be ignored due to a lack of skills required to successfully interact with others. (Hymel, 1986; Michaelson, Sugai, Wood, & Kazdin, 1983).

Children who are unable to successfully interact with others are believed to be deficient in their ability to behave in ways that enable them to elicit positive behavior. Rejected or ignored children may not benefit from peer interaction and support and may fail to develop the knowledge and skills necessary to interact successfully with peers. (Toro, Weissberg, Guare & Liebensetin, 1990). Peers often act as teachers, models and sources of reinforcement and emotional support, which in turn prompt the development of social skills such as cooperation, negotation skills, aggression control and communication skills. (Hartup, 1983). Social skills training programs based on this model emphasized behavioral change by teaching positive interaction strategies. Programs based soley on the social skills deficit model do not address the distortions children may experience in their thinking. (Meichenbaum, 1975).

Cognitive-Behavioral

Researchers using a cognitive-behavior social skills model may adequately address these distortions in children's thinking. (Gresham, 1981). Children with learning difficulties may be deficient in the cognitive skills needed in order to understand the reason or goal for a social situation. The focus of this model is twofold: (a) to promote skill

acquisition, and (b) to enhance skill performance (Gresham, 1988) in the remediation of poor social behavior. This approach emphasizes both cognitive (e.g., thought processsses) and behavioral methods. (McNeilly & Yorke, 1990; Oliva & La Greca, 1988). Several researchers found that rejected or ignored children who were also experiencing learning difficulties appeared to experience difficulty in adjusting to the changing behavioral demands of a social situation. (Richard & Dodge, 1982; Oliva & La Greca, 1988). Oliva and La Greca (1988) found that these children were less resourceful, exhibiting difficulties in positive social behavior when their first strategy was not successful. Similarly, Richard and Dodge (1982) found that they exhibited fewer alternatives to social problems than their popular peers, exhibiting similar skills to those of younger non-disabled children.

In an attempt to remediate these age appropriate skill deficits, the assumption is that training in self-regulation skills such as self-control and self-talk can be tapped in ways to enhance positive social interaction. Self-control skills are one of the more highly emphasized of the cognitive methods. (Matson & Olendick, 1988). These cognitive methods are associated with the original work of Meichenbaum

(1975), in which self-talk increases appropriate behavior responses. Methods associated with the cognitive behavioral approach include modeling, rehearsal, cognitive instruction (Michelson & Wood, 1980, p. 269) and coaching. (Gresham, 1981).

Social Skills Methods

The majority of studies emphasizing training social skills for children with learning difficulties have utilized the following variety of methods. (La Greca & Mesibov, 1979; Madden & Slavin, 1983). Three methods based on the social learning theory (Bandura, 1969, 1977) include manipulation of antecedents and consequences and modeling. Further methods used extensively for children with learning difficulties are coaching and cognitive behavioral modification based on the cognitive and behavioral approaches. (Gresham, 1981; Lovitt, 1987; McNeilly, & Yorke, 1990). Modeling and coaching prepresent the major methods for enhancing social skills. (Gresham, 1988).

Manipulation of Antecedents

Manipulating antecedent events in the disabled child's environment has been an effective social skills training method. (Gresham, 1982). The rationale for antecedent manipulation is based on the belief that rejected or ignored disabled children have low rates of positive social interaction and/or are poorly accepted.

The typical procedure involves peers providing social invitations to the target child. (e.g., "let's play ball"). These invitations provide the opportunity for increased peer interaction. (Quilitch & Risley, 1973).

Manipulation of Consequences

Consequence manipulation has been frequently used as a method for social skills training with disabled student populations. (Gresham, 1982). Three common strategies successful in modifying behavior of children with learning disabilities include contingent social reinforcement (Gresham, 1982), token reinforcement (Russo & Koegel, 1977), and group contingencies. (Gamble & Strain, 1979; Nowacek, 1988). The general procedure in contingent social reinforcement involves having an adult praise the target child when interacting or cooperating with peers. Token based reinforcement procedures typically involved having an adult administer points or tokens contingent upon appropriate social behavior (e.g., sharing, cooperation, positive interaction). (Russo & Keogel, 1977). Inappropriate behavior may be punished by removal of tokens. Group contingencies refer to the application of consequences for group behavior. (Gamble & Strain, 1979). Reinforcement for the group is contingent upon the behavior of the entire group.

Modeling

Modeling is a frequently used method to remediate social skills deficits that refer to students not having the social skill in their repertoire. (Gresham, 1988). Significant modeling effects do not occur simply by exposing children with learning difficulties to their non-disabled peers. (Nordquist, 1978). Modeling is defined as learning by imitation. (Bandura, Ross & Ross, 1961; Rosenthal, 1976). Researchers indicate that disabled children experience limited imitative repertoires (Nordquist, 1978). Recent investigators indicate that imitation of peer models may be increased through programming (Apolloni & Cooke, 1978) by utilizing either live (Cooke & Apolloni, 1976; Kazdin, 1973; Strain, Shores & Kerr, 1976) or film formats. Bandura (1977) believed that the cognitive processes that facilitate modeling are identical regardless of which procedure used. However, Gresham (1981) indicated that children with limited imitative repertoires may benefit more from live modeling. In addition, modeling appears to be the most workable technique in a school setting since videotaping equipment and modeling films are not required. (Gresham, 1982).

Coaching

Coaching is typically used to remediate social skills deficits that refer to the student not knowing a particular step in the performance of a behavioral sequence. (Gresham, 1988). Coaching is a direct verbal instruction method that is comprised of three steps: (a) presentation of the rules for behavior, (b) behavior rehearsal, and (c) feedback on behavioral performance. (Oden & Asher, 1977).

Cognitive-Behavioral Modification

One of the goals of cognitive behavioral modification is to encourage the students to assume an internal locus of control and take responsibility for their own actions. This is accomplished by assisting the student with effective problem-solving and self-monitoring methods utilizing direct instruction. (Lovitt, 1987; Schuler & Perez, 1988). These methods can be used as aides for problems commonly exhibited by children experiencing learning difficulties, such as impulsivity, distractibility and haphazard responses. (Meichenbaum, 1980).

A common self-monitoring method is to encourage students learn to monitor their own behavior. They should, if possible be consulted in selecting their own interventions and encouraged to keep a record of the behaviors learned. When students self-manage the

acquisition or maintenance of behaviors, they are becoming independent, learning to take on more responsibility. Furthermore, when students self-manage, they are more likely to generalize the learned skills from one situation to another. (Cooper, Heron & Heward, 1987).

The few available studies on children with learning difficulties have employed a combination of methods such as modeling, coaching (Gresham & Nagle, 1980) and behavior rehearsal with feedback and focused on either friendship-making skills (Cooke & Apolloni, 1976; Strain, Shores & Kerr, 1976) or asertive behavior. (Hazel, Schumaker, Sherman & Sheldon, 1982; La Greca & Mesibov, 1981). Cooke and Apolloni (1976) used a combination of live modeling, instructions and praise to teach prosocial skills to four children experiencing learning difficulties. Their finding indicated that social skills generalized to the regular classroom, to untrained children and were maintained at a month follow-up. Since the modeling effects transferred to children who were not the target of the intervention, these researchers suggest that peers can be used as models for students with learning difficulties.

Strain, Shores and Kerr (1976) used a live modeling procedure together with prompting an social

reinforcement to increase positive social interaction skills. As with the previous study, it was noted by these researchers as in another (Kazdin, 1973) that with modification of the target children's behavior a desirable behavior changed in non-reinforced peers. Bandura (1971) refers to this phenomenum as "vicarious reinforcement." Non-targeted children imitate the behaviors they have seen being reinforced in others.

Gresham and Nagle (1980) found that coaching, modeling or a combination of both were all equally effective in improving sociometric acceptance and observed rates of positive interaction. These researchers used coaching sessions on target areas such as game playing, friendship making and peer interaction. These techniques involve children being taught specific cues, concepts and rules of social behavior. Then roleplaying or rehearsal opportunities are provided with an adult or peer coach. Finally, the child learning the social skills is provided with performance feedback and suggestions. (Lovitt, 1987).

Several researchers performed extensive reviews of those studies consisting of both cognitive and behavioral methods. (Gresham, 1985; Schneider & Byrne, 1985; Cartledge & Milburn, 1984). Gresham (1985) reviewed 33 studies that and found that modeling and coaching had the strongest base of empirical support

when evaluated across seven dimensions. These dimensions were listed as: subject characteristics, treatment specification, approporiateness of statistical analysis, experimental design, social validity of outcome measures, generalization and cost-effectiveness.

Schneider and Byrne (1985) reviewed 51 studies and found consistent findings with reviews by Gresham (1985) and Cartledge and Milburn (1984). The use of cognitive methods alone were the least effective in social skills training due to the emphasis on cognitive changes. Their major disadvantage was the failure to demonstrate changes on social validity outcome measures, such as observed social behavior. (Gresham, 1985).

Based on these reviews, a multi-method approach to social skills training seems appropriate given the abundance of programs and the often arbitrary distinction between behavioral and cognitive models. (Maag, 1990). Many cognitively-based strategies share behavioral methods such as modeling, behavioral rehearsal, role playing, instruction (Gresham, 1985) and generalization. (Maag, 1990). Given the importance of the use of several methods towards the enhancement of social skills, researchers developed multi-method programs. (Bryant & Budd, 1982 c.f.

Barton, 1986; Cooke & Apolloni, 1976; Lacioni, 1982; La Greca & Santogrossi, 1980).

Cooke and Apolloni (1976) developed a multi-method program that involved a combination of instructions, live modeling, coaching and praise. Four learning disabled children were taught social skills during a 16 minute free play period at their home school. Prior to this period, an adult instructed the children on why they should engage in one of the four social behaviors (e.g., smiling, sharing, positive physical contact or praise) and subsequently model the behavior. During free play, the children were prompted and praised by an adult for exhibiting the appropriate prosocial behavior. Once the target behavior increased in frequency, a second behavior was trained. Rates of smiling, sharing and positive physical contact were effectively increased. The effects for smiling and sharing generalized to three untrained children who joined the group for a second 16 minute free play period after the training session had ended. In addition, gains in smiling, sharing and positive physical contact maintained across 4 weeks of follow-up observation.

In a similar study, Bryant and Budd (1982) cited in Barton (1986) developed a multi-method approach that involved pretraining only two children in a separate

area away from the regular classroom. The adult modelled correct and incorrect ways to share. Five out of the six behaviorally disabled children who received training exhibited large increases in sharing along with a moderate decrease in negative social behaviors (e.g., peer aggression).

Another multi-method training program that differs from those previously reviewed was developed by La Greca and Santogrossi (1980) to remediate the social difficulties of 10 children with learning difficulties. Their package focused on eight skills. Five of these skills were prosocial such as: sharing, cooperation, greeting others, extending invitations, smiling and compliments. The students met as a group weekly after school for 90 minute sessions. During each group session, the investigators focused on the training of two of these skills. For each skill the children viewed a 4 minute videotape of peer models. They then discussed what the models were doing and how they might use the behavior with peers in their daily acitivites. The children rehearsed the model's behavior with their peers and received coaching suggestions from the group leader. Before leaving the session, the children were given a homework assignment to practice the newly acquired behavior with peers during the week. At the start of the next session, the homework was discussed.

La Greca and Santogrossi's (1980) training program increased the children's skills during behavior rehearsal, produced a greater verbal knowledge of how to interact with peers and resulted in more social interaction at school during recess, physical education and club meetings. However, classroom prosocial behavior did not increase.

In an attempt to facilitate prosocial behavior through a multi-method training program, Lacioni (1982) involved peers as change agents. Peer tutors instructed isolated mentally disabled children to watch the tutor model one of four behaviors, including cooperation and positive verbalizations (e.g., That's good, Thank you). A peer experimenter immediately reinfored the peer tutor. The isolate child was reinforced by the peer experimenter is an imitation response was made within 5 to 15 seconds. A variety of reinforcers were used including praise, food, books and tokens.

In a series of three experiments Lacioni (1982) demonstrated that fourth and fifth grade peers were able to apply his training program successfully with nine withdrawn mentally disabled children (8 to 12 years old). The results generalized from the training room to play areas and maintained during a follow up

phase conducted immediate at the end of the training program.

Overall, these investigations suggest that treatment methods were often effective for students with learning difficulties in producing increases in rates of positive social interaction, but treatment generalization was not always evident. It appeared that no single treatment method was able to promote development of the complex social interaction skills and alter environmental contingencies for these children to maintain their remediated behaviors. A multi-method training program apears to be desirable for the facilitation of social skills behavior and applicable to a wide range of types of children and settings. Which program to select is dependent on the student population and setting in which it will be introduced.

Although the advantages of several methods has been established for social skills intervention of children experiencing learning difficulites, effective treatment must consider motivation, promote generalization of learned behaviors and provide a follow up assessment. Effective treatment must also be sensitive to the relationship that exits between the student and the environment. (Gredler, 1992). According to Bandura (1986, p. 23) "behavior,

cognitive, and other personal factors and environmental influences all operate interactively as determinants of each other." Environmental influences on behavior are mediated by internal thoughts.

Since motivation may have an effect on performing behaviors, assessment of performance and treatment should be done within a rewarding environment. To be effective, a social skills program should enhance motivation to interact successfully and enable students to use the skills. (Schumaker et al., 1983).

Generalization

Generalization refers to the occurrence of relevant trained behaviors across different settings and at different times. (Gresham, 1988). Efforts must be made to program treatment generalization if children are to use learned social skills appropriately in varied settings. (La Greca, 1987). Stokes and Baer (1977) report that generalization does not automatically occur, but needs to be planned and programmed within the training process. Current programs might involve parents more actively as supporters of positive changes, thereby facilitating generalization of social skills to home settings. (La Greca, 1987).

Follow-up Assessment

The follow-up assessment has several purposes. (Hops & Greenwood, 1988). It can reveal the power of the treatment to produce lasting gains over time. It can also control for developmental changes, which is critical in research with children. Treatment gains must show to be more effective than simply developmental growth. A disadvantage with long-term follow up includes changes in classrooms, teachers and peers, which makes analyses of the data more difficult. (Greenwood, Walker & Hops, 1977).

Revelant Training Programs

The importance of the development of social competencies with children who experience learning difficulties has been emphasized. The growing awareness of researchers of the need for a common perspective in training programs has led them to focus on cognitive-behavioral methods that promote the successful outcome of intervention. Appropriate skill programs for disabled elementary school-aged children have been developed and have proven helpful for the target population. (McGinnis & Goldstein, 1984).

The Walker social skills curriculum: The Accepts Program (Walker, McConnell, Holmes, Todis, Walker & Golden, 1983), was designed for teaching classroom and peer social skills. The authors indicate that the

program has shown success with mildly and moderately disabled children from kindergarten through grade six. Behavioral management methods and direct instruction provide the format for this program. The authors' promote a directive approach to teaching social skills which includes: (a) defining the behavior to be taught, (b) assessing the level of competence exhibited by the learner in order to determine levels of performance, (c) teach the behaviors defined in assessment as lacking, and (d) provide opportunities for practice and generalization of behaviors to new situations. Program methods include modeling, role playing and performance feedback. Reinforcement strategies are provided including information and materials for a contingency point system. In the Accepts program, students can be taught up to 28 social skills divided into five categories: classroom skills, basic interaction skills, getting along with others, making friends skills and coping skills. The authors suggest that one skill is taught and mastered daily. A daily session requires approximately 45 minutes.

Structured Learning Training

The Structured learning training program (SLT) (McGinnis & Goldstein, 1984) is a multi-method program designed to promote the social competence of elementary school-aged children. The authors claim that this

program utilizing cognitive-behavioral methods has been successful with a wide range of nondisabled and disabled student populations. The authors report that it is effective with children experiencing learning difficulties. The premise of this program is that social skills should be taught to children in schools in a manner similar to the teaching of academic competencies, using planned and systematic applied cognitive-behavioral methods. (McGinnis & Goldstein, 1984).

The SLT program incorporated both behavioral and cognitive methods. It emphasized social-learning methods of manipulation of antecedents and consequences. Cognitive-behavioral methods such as modeling, role playing and coaching were also incorporated. A brief performance feedback period followed each role play and the program promoted the transfer of training. Lastly, the SLT program encouraged the enhancement of student motivation.

In the SLT program, one of the major methods used to manipulate antecedents was to assign classmates to interact with the target student. A major technique designed to manipulate consequences included the use of: (a) adult praise as the role-played behavior became more and more like that of the model, (b) social reinforcement by peers and family members, (c) token

reinforcements for a weekly prize, and (d) group reinforcement contingent upon the behavior of the entire group. Gaining support from parents and family members was designed to promote transfer of training and generalization of skills to other situations. For example, the use of homework assignments enhanced application of skills to real life settings. (McGinnis & Goldstein, 1984).

The SLT program promoted enhanced student motivation: (a) by encouraging the facilitator to hold the sessions in a special place where students do not feel threatened by the environment or professionals in attendance, (b) by scheduling sessions to prevent participating students from missing out of an activity or class that they enjoy and, (c) when students feel that they need to learn the skills presented. (McGinnis & Goldstein, 1984).

The SLT program accommodated several social skills deficits and learning characteristics of the target population. It also promotes training in a variety of situations with different people. The program relates the skills taught to three different situations (school, home and peer group) by utilizing illustrative notes for discussion provided for each skill taught.

The SLT was directed at five broad areas of skills. Students can be taught up to 60 social skills

from these five skills areas: (1) classroom survival skills (e.g., listening, following instructions), (2) friendship (e.g., joining in, sharing), (3) dealing with feelings skills (e.g., knowing your feelings, recognizing another's feelings), (4) skill alternatives to aggression (e.g., problem solving), (5) dealing with stress skills (e.g., reacting to failure, relaxing). (McGinnis & Goldstein, 1984). To develop these skills, the SLT incorporated both worksheets and live modeling demonstrations to provide an awareness of the concepts. This was accomplished by asking the student to read and answer the statements concerning the content or watch a model illustrate the skills. In addition, group discussions were used to promote awareness and practice of various skills.

The SLT program was designed to accommodate a number of learner characteristics, including poor reading and writing. The materials written at a third grade reading level, require minimal writing. The materials were interesting and avoided unnessary detail (e.g., skills training broken into small steps). Presentation of the skills was flexible. The skill curriculum gave the instructor guidelines on how to instruct students through structured learning. In addition, structured activities were provided for all skills.

Investigators found that skill acquisition occurs in well over 90% of SLT trainees. Across diverse populations, problems and setting, trainees demonstrated a 50% rate of skill transfer to new social settings. (Johnson, Jason & Betts, 1990).

Conclusion

Differing approaches to the definitions, assessment and training of social competence and social skills were discussed and the results of training given. The conclusions derived from this literature review can be summarized as follows: the major problem remains a definitional one. Definitions are proposed that are consistent with the theoretical view of the authors. If constructs cannot be defined clearly, assessment becomes difficult. The positions regarding definition, assessment and programs are polarized into multi-facet approaches: (a) multi-component definitions of social competence and social skills, (b) multi-purpose goal orientated assessment, and (c) multi-method treatment programs. The consensus appears to be that the multi-facet approaches are the most germane and reflect a more inclusive, humane, developmental and remedial perspective. Multi-purpose assessment provides the functional basis by which treatment goals and methods could be matched with specific needs of the student while providing a means

to systematically evaluate whether these needs were being met.

In this study the relationship between a structured learning social skills training program and student's level of self-efficacy and social behaviors was researched. Based on this review of the current research literature, the present study employed multi-facet approaches to assessment and treatment of social skills with a student population experiencing learning difficulties. Three scales were included in the assessment procedures: (a) a self-rating scale (Wheeler & Ladd, 1982), (b) a parent rating scale (Achenbach & Edelrock, 1983), and (c) a teacher checklist. (McGinnis & Goldstein, 1984). The Child Behavior Checklist (CBC) designed by Achenbach and Edelrock (1983) was an instrument chosen for use in this study to measure three of the dependent variables: (1) social competence, (2) specific behavior problems and, (3) subgroupings of internalizing and externalizing behavior problems. There have been several researchers who have used this instrument. Their findings are presented in the next section. Specific descriptions of other instruments used in this study and their implications are presented in the following chapter.

CHAPTER III

METHOD

Social skills programs have been conducted extensively since the mid 1970's. Program methodology tends to reflect the author's theoretical beliefs. The training program used as an intervention for this study was based on a multi-method approach, which utilized behavioral, cognitive and experiential techniques to effect behavior changes. The questions with which the present research was concerned related to the behavior, social competence and self-efficacy of an elementary student population receiving resource room assistance for learning difficulties following such a training program. In this chapter the design of the study, a description of the sample, recruitment of participants, its instrumentation and procedures are presented. The methods for analysis of the data, delimitations, limitations and hypotheses form the conclusion of the chapter.

Design

The present study was based on a pre/post design. It was expected that questions would be answered concerning the efficacy of a psychoeducational behavioral focused social skills training program for elementary school-aged students experiencing learning difficulties in reading skills. The Structured

Learning training program (SLT) served as the independent variable and students' self-efficacy scores, students' behavior scores as rated by teachers and students' social behavior scores as rated by parents comprised the dependent variables.

Subjects

The subjects for the study were 12 elementary school-aged children in grades four through six. One resource room class from one school within the Edmonton Public school system participated in the study. All subjects had been identified prior to the study as students with learning difficulties who were receiving daily resource room assistance in reading skills. Results from cognitive ability and achievement tests adminstered to students prior to the study confirmed that all twelve students met the defined requirements of average ability and delay of 1 1/2 to 2 years in reading achievement. WISC-R full scale intelligence scores in the student sample ranged between 80 (low average) and 103 (average). The mean WISC-R full scale score in the student sample was 90 (average). All of the students in the study spoke English as a first language. No student had any known sensory, organic, or neurological disability which interfered with learning. Eight students were male and four were female with ages ranging from 10 to 12 years with a

mean of 10.8 years. Three students were in grade 4, seven in grade 5 and two were in grade 6. Eight students had repeated a previous grade level.

The research project began after the Ethics Review Committee of the Department of Educational Psychology University of Alberta and the central administration of the Edmonton Public School District reviewed a written proposal and gave permission for the project to proceed. (See Appendix A and B). The criterion used for approaching a school for this study was that students in an resource room program were integrated in grades 4, 5 and 6 regular classrooms for part of the day. The Principal of one school in the Edmonton school district who was identified in the proposal was then contacted personally by the investigator and the proposal discussed. The Principal gave permission for the training program to be conducted in the school and asked the investigator to contact the school counsellor.

Following this, the school counsellor was contacted by the investigator and the proposal was explained. The school counsellor gave permission for the project and introduced the investigator to the resource room teacher. The proposal was explained to the resource room teacher and identification criteria discussed. All professionals were given the option of

not participating but all chose to participate. Both the school counsellor and resource room teacher agreed to select only one class of 12 resource room students for participation in the study. These students were previously identified by school based personnel as experiencing significant learning difficulties in reading achievement.

A similar procedure was followed for gathering parental consent for this group of 12 students. Once the potential subjects were identified by the school counsellor and resource room teacher the investigator was introduced to the group of students and letters of information and permission were then sent home with all twelve students. (See Appendices C and D). The letters described the purpose, usefulness, expected benefits of the study, the methods, time required, and confidentiality of the project. Parent(s) or guardian(s) were required to give written consent for their child to participate and for the investigator to access confidential student records. Phone calls were also made to each of the 12 parents by the investigator in order to answer any possible questions about the study and to request information regarding their child's social competence behavior for the Child Behavior Checklist (CBC). For each parent, questions about the study and information gathered for the

questionnaire was completed in one session which lasted approximately 30 minutes. Data were gathered from the parents of all twelve students in January, 1992. Of these parents, all gave permission for their children to participate in the study. The final sample consisted of twelve students who received written parental permission to participate in the study.

All twelve students attending the targeted resource room class were selected by the procedure described above. Of these students, all questionnaire responses were used in the analysis since all questionnaires were fully completed. The students were not randomly assigned to treatment groups. It was possible to hold only one social skills training program with this group. All twelve students within the resource room were chosen for the same training program and time period based on the following criteria: (1) alternative classroom space was not available within the school and, (2) disruption of regular classroom activities was to be kept to a minimum time period and number of sessions.

Research Instruments

The variables of concern in the present study, social behavior, social competence and social self-efficacy, were assessed by a total of four instruments. The four instruments used were the

Student and Teacher Skill Checklists (McGinnis & Goldstein, 1984), the Children's Self-Efficacy for Peer Interaction Scale (CSPI) (Wheeler & Ladd, 1982) and the Child Behavior Checklist (CBC). (Achenback & Edelbrock, 1983). (See Appendices E, F, G and H). The Student and Teacher Skill Checklists were used as indicators of individual social behaviors providing a profile of the class as a whole. The profile enabled the examiner the option of selecting as social behavior skills those that several class members showed a need. The CSPI was used to measure the level of self-efficacy. From the CBC teacher report form, nine sub-scale scores were obtained as a measures of total social behavior. Five sub-scales scores used in the study to identify students differing in internalizing and externalizing social behaviors were anxious, social withdrawal, inattentive, nervous-overactive and aggressive. From the CBC parent checklist, the social sub-scale score was obtained as a measure of social competence.

The Student and Teacher Skill Checklists were developed as selection and grouping instruments by Ellen McGinnis and Arnold P. Goldstein (1984). They were designed to assist teachers in identifying student's skill strengths and weaknesses in order to assign them to specific groups for instruction and to evaluate each student's progress through the training

program. The goal of these checklists was to tailor a program that would meet the needs of individual students.

The Student and Teacher Skill Checklists contain 60 prosocial skills which are grouped into five skills areas: (1) classroom survival, (2) friendship-making, (3) skills for dealing with feelings, (4) skill alternatives to aggression, and (5) skills for dealing with stress.

All 60 items are rated as skill behaviors. There are 13 items on the classroom survival area, 12 items on the friendship-making skills area, 10 items on the skills for dealing with feelings area, 9 items on the skill alternative to aggression, and 16 items on the skills for dealing with stress area. The format involves a 5 point rating system to distinguish between almost never and almost always good usage of skills. This program, which was defined in Chapter Two, has no reported reliability or validity data. The authors (McGinnis & Goldstein, 1984) report that the skills presented are those believed to be related to a student's social competence and likely to provide effective performance and personal satisfaction for participating students.

The Children's Self-Efficacy for Peer Interaction Scale (Wheeler & Ladd, 1982) is a sociometric

instrument designed to measure elementary school-aged student's perceptions of their ability to enact positive social skills in specific situations with peers. Sociometrics have not traditionally been considered behavioral assessment devices, but increasing numbers of social skills programs are utilizing their value as selection, outcome and social validation measures. (Asher & Hymel, 1981; Oden & Asher, 1977). Wheeler and Ladd (1982) proposed that self-perceptions of one's social behavior would be an important contribution to understanding self-concept as well as the relationship between self-views and social behavior.

Each item on the CSPI consists of a statement describing a common social situation. This statement is followed by an incomplete statement requiring the student to rate his/her ability to express the verbal skill required. Verbal skills are the main focous of the CSPI as the ability to influence the behavior and feelings of others in socially acceptable ways is considered to be an important aspect of social competence. (Ladd, 1981).

Of the 22 items on the instrument, 12 items express conflict situations whereas 10 items express non-conflict situations. For each item the student circles one of four possible responses as follows:

1. HARD! 2. Hard 3. Easy 4. EASY! Each item is read aloud by the researcher in order to reduce the potential confounding of reading ability. Response ratings are totalled for a self-efficacy score for each student. Total scores range from a low of 22 to a high of 88. Administration of the CSPI to each student takes approximately 15 minutes.

Wheeler and Ladd (1982) report adequate internal consistency and stability. Overall, all 22 items were positively and significantly correlated with the total score ($p < .05$) with correlations ranging from .26 to .61 with a median of .43. These finding support the assumption that each item taps the construct of self-efficacy. Correlations between the conflict items and the total conflict score ranged from .33 to .68 with a median of .50. Correlations between the nonconflict items and the nonconflict total score ranged from .23 to .54 with a median of .40. The correlations between the conflict and non-conflict total scores was .46 indicating that these two clusters of items comprise separate but related components in the scale.

Test-retest reliability of the CSPI over a two week period was .90 for boys and .80 for girls. These data indicate that student's perceptions of social self-efficacy are relatively stable. The obtained

validity coefficients were statistically significant. However, reported validity evidence is weaker for the conflict component than for the non-conflict component. That is, children appear to see themselves as more influential in verbal persuasive skills in non-conflict situations. As additional evidence of the scale's validity, positive correlations were found between the CSPI, the Teacher Rating of Social Efficacy and Peer Nomination sociometric measures.

The Child Behavior Checklist (CBC) was developed by Achenbach and Edelbrock (1983) to record in a standardized format the behavior problems and social competencies of children aged 4-16, as reported by their teachers or parents. Teacher reports can be obtained across 11 problem behavior scales assessing both internalizing and externalizing types of difficulties. Whereas, parent reports of social competence can be obtained across three domains (activity, social and school).

The CBC was designed to measure a wide range of potential problems and to compare patterns of problems for each gender within different age ranges. CBC ratings can be used to compute normalized T-scores, through which mean scores of the sample of children experiencing learning difficulties are compared (via t-tests) to mean scores of Achenbach and Edelbrock's

(1983) normative samples: those of normal and clinically referred children. The researchers generated a taxonomy of problematic situations that were believed to lead to conflicts for elementary school-aged children.

The instrument consists of 113 items made up of eight subscales. The subscales are anxious, social withdrawal, depressed, unpopular, self-destructive, inattentive, nervous overactive and aggressive. The instrument when completed yields total scores for the 113 items and for two interpersonal styles, internalizing (e.g, social withdrawal) and externalizing (e.g., aggressive) types of difficulties. As well, the CBC yields a score for each of the eight subscales. Each item on the CBC consists of a statement that describes a problematic situation. The recorder is required to evaluate the frequency of the event for each student observed currently or within the past two months.

In this study, teachers were asked to complete the 113 item Child Behavior Checklist (CBC) for each student in the study, whereas parents were asked to complete only the 20 social competence items. The teacher was asked to rate a description of the student currently or within the last two months on a 3 point scale. The scale was as follows: 0 (not true as far as

you know), 1 (somewhat or sometimes true), 3 (very true or often true). Parents were asked to provide information for 20 social competence items to obtain reports of the amount and quality of their child's participation in sports, hobbies, games, activities, organizations, jobs and chores, friendships; how well their child gets along with others and plays and works by himself/herself; and school performance. It took the teacher and each parent approximately 15 minutes to rate each student.

The CBC has been well validated as a measure of social competence and problem behavior and is one of few scales that provides an empirically derived topology of behavior profile types. (Achenbach, 1982; McConaughy, 1985; Ritter, 1989). Furthermore, teacher and parent ratings have been shown to be reliable, valid and useful methods for assessing children's social behavior. (Gresham & Elliott, 1984). Teacher ratings have been validated against behavioral observations and appear to be more accurate indicators of children's social behavior than was previously believed. (Greenwood, Walker & Hops, 1977). Bolstad and Johnson (1977) examined the relationship between the description teachers gave of their students and the student's actual behavior. A high degree of

correlation was found between the teacher's ratings and behavioral observational data.

Achenbach and Edelbrock (1983) report high test-retest reliability of item scores, scale scores, total problem and competence scores. For individual items, intraclass correlations were computed between item scores. Information was obtained from mothers completing the CBC at one-week intervals, mothers and fathers filling out the CBC and three different interviewers obtaining information from parents. The correlations were all were +.90. For scale scores and total problem and competence scores, the median Pearson product moment correlations for 1-week test-retest reliability of mother's ratings was .89. The median Pearson correlation between mother's and father's ratings was adequate at .66. Of these 110 mother and father rating correlations, 94 were statistically significant at p =.05 or better.

Research Procedures

Data Collection

The Student Skill Checklist and The Children's Self-Efficacy for Peer Interaction Scale (CSPI) were administered to each child individually in a quiet room during school time in the home school. The Teacher Skill Checklist and the Child Behavior Checklist (CBC)-Teacher's Report Form were distributed to the

resource room teacher to rate each child. The Child Behavior Checklist (CBC)-Parent rating form was introduced to each parent during a personal telephone interview.

The Student Skill Checklist and CSPI questionnaires were completed by subjects prior to their treatment, serving as a pretest and after treatment providing a posttest. The subjects filled out the Student Skill Checklist and CSPI in one interview session and lasted approximately 30 minutes per child. The Teacher Skill Checklist and the CBC-Teacher's Report Form ratings were completed by the resource room teacher prior to treatment and after treatment. These ratings took the resource room teacher approximately 30 minutes per child. The CBC-Parent ratings were completed by the same parent prior to treatment and after treatment. The parent completed these ratings during one personal telephone interview which took each parent approximately 10 minutes per child. This time does not include the training program which was completed on four separate occasions over a period of one month, after the administration of the pre-test questionnaires with students, parents and resource room teacher.

For each child, the order of the presentation of the questionnaires remained the same. The Student Skill Checklist was administered first followed by the

Children's Self-Efficacy for Peer Interaction Scale (CSPI). Individual testing was done two times by the researcher; in early January, 1992 and end of February 1992. Follow up post-test observation was done in late March, 1992. Guidelines suggested by the test makers for administering the tests were strictly followed. All instructions and questions were read aloud to ensure that students would not be unduly handicapped during testing due to reading difficulties. All students completed both questionnaires.

Similar introductions in the interview session with each child were given by the examiner. The examiner indicated in a general way the reason for the questionnaires and what the student was expected to do. Students were reassured that the questionnaires were not tests, the answers they give would be confidential and their answers would not be entered into their school record. Students were asked not to compare their answers with classmates after the session.

Specifically, when introducing the Student Skill Checklist and the CSPI each student was told the following, "I am interested in some information about the class. I would like to ask you about how well you do something. You will let me know by marking your choices down on the papers I will give you. You can be honest, because I will not show anyone else in the

class your answers. I will be the only one to see them."

Each student received a Student Skill Checklist that lists 60 questions designed to assess the student's perceptions of the social skills they feel they need to learn. The numbers 1 - 5 were printed next to each question. To explain the use and meaning of the 5 point scales examples of food were used. For example, the student was asked, "How much do you eat chocolate ice-cream? Almost never, seldom, sometimes, often, almost always?" The researcher also gave examples by drawing happy faces to denote the numbers from 1-5. For example, a very happy face meant almost always, whereas a neutral happy face denoted sometimes. Each student was then invited to circle the number that best represented how well they do something.

For completing the Children's Self-Efficacy for Peer Interaction Scale (CSPI) the meaning of each rating was explained to each student. Examples of schoolwork were used. For example, math is "HARD! Hard Easy or EASY!" for me to do. The researcher also gave examples by drawing happy faces to denote the numbers from 1-4. For example, a very happy face meant EASY!, whereas a very sad face denoted HARD! Each statement was read aloud in order to reduce the potential confound of reading ability. The student was

instructed "as each question is read, you must decide on which of the four choices best describes you, then circle 1, 2, 3 or 4 on the sheet infront of you."

For administering the Teacher Skill and Child Behavior Checklists, (CBC) the resource room teacher involved in the study was given the following directions: "I am trying to identify the kinds of situations that are most likely to cause problems for these students. For each situation, please indicate how best it describes the student now or within the past two months. Circle a number for that statement which descibes the behavior you have observed." In other words, how much of a problem is this situation for this child?"

The teacher was given the Teacher Skill Checklist and Child Behavior questionnaires containing information pertaining to the ratings and the meanings of each. Examples were given verbally for each questionnaire to the teacher involved.

The statement given verbally for the Teacher Skill Checklist was, "Does the student know how to say that he/she disagrees in acceptable ways?" The teacher was told that if the student was almost always good at using this skill then circle a number 5. If the student is often good at using the skill then circle the number 4. If the student is sometimes good then

circle 3. However, if the student is seldom good at using the skill then circle 2 and if the child is almost never good at using the skill then circle 1. The statement given verbally for the Child Behavior Checklist was, "lying or cheating." The teacher was told that if lying or cheating was a problem situation for this student then circle the number 2. If the statement is somewhat or sometimes true, then circle 1. However, if the statement is not true, as far as the teacher knows, then circle 0. The teacher was told that the researcher was interested in how frequently the situation occurs and to please answer all items.

For administering the Child Behavior Checklist-Parent report form, the parent involved in the study was given the following directions: "I am trying to identify in a general sense, the kinds of social activities that are most likely to cause problems for your child. For each situation, please indicate how best it describes your child now or within the past two months. A number is circled for that statement which best descibes the participation of the activity you have observed. In other words, how active is your child in sports/nonsports, social or school activities?"

Each parent was verbally provided with information pertaining to the CBC social competence ratings and the

meanings of each. Examples were given for each activity to the parent involved. The statement given for sports activities was, "please list the sports your child most likes to take part in. For example, swimming, baseball, skating, skate boarding, bike riding, fishing, etc. " The parent was asked to compare with other children of the same age and indicate whether their child spent average, more than average or less than average time in each activity. The parent was also asked to compare with other children of the same age and indicate how well their child does each of these activities. However, if the parent did not know or could not compare their child with other children, then the investigator circled "don't know." The parent was told that the researcher was interested in how often the child partakes in these activities and to please answer all items.

Treatment Procedures

The Structured Learning social skills program was held in a four week session conducted from the end of January to the end of February, 1992. The complete session was taught by the researcher, a parent of two elementary aged boys, who had no prior formal teacher training. However, as a child, the researcher had experienced learning and social skill difficulties during elementary school. Prior to the commencement

of the social skills program the researcher discussed the program and the reasons that the students were selected, both with the students individually and with their parents, by telephone. The program was held in the morning after recess, once per week for 50 minutes during the students' regularly scheduled math period. The group met in it's resource room classroom. An overhead projector, blackboard and chalk were in the classroom for use throughout the program. A video camera was not available for any part of the program. All lessons were held in the same classroom. The program content and methods have been reviewed in chapter two.

There were five basic treatment procedures used in the Structured Learning program: social skills tutoring, self report homework assignment, parent support system, group praise and weekly token reinforcement system. Although the researcher assumed overall responsibility for the treatment program, the resource room teacher was highly involved in the latter procedure. The entire program was carried out once per week, for 50 minutes over a four week period. Only the researcher was involved with the students during each weekly session. All five components were carried out for the full four week program. The treatment procedures were provided according to a detailed

Structured Learning transcript provided in Skillstreaming the Elementary School Child: A guide for teaching prosocial skills. (McGinnis & Goldstein, 1984).

The social skills tutoring component of the Structured Learning Program was based on a behavioral and cognitive model. It involved coaching procedures studied by Oden and Asher (1977). Social skills tutoring included step by step instructions, behavioral researsal and feedback involving the researcher and the target children in a structured classroom setting. The four weekly sessions included lessons in dealing with anger and relaxation, listening and following instructions, beginning and ending a conversation, knowing feelings and contributing to classroom discussions. (See Appendix I). Specific responses were practiced individually and in pairs until proficiency appeared adequate. In addition this treatment component involved the experimenter prompting and positively reinforcing target behaviors learned in previous lessons.

The homework report was also the researcher's sole responsibility. (See Appendix J). It involved providing subjects' with an overhead reproduction of the basic steps of each skill tutored and assisting them with any difficulties in copying. It provided the

basis for awarding the child's effort on the weekly bulletin prepared for parents. (See Appendix K). Each child was asked by the examiner to copy the basic steps of one skill on a homework report and encouraged to practice the skill at home with a family member. Subjects were asked to indicate on the report how well, by circling a happy face, they perceived the the skill was practiced.

The parent support system was also the researcher's sole responsbility. The researcher completed a weekly parent bulletin for each child which provided an opportunity to praise the student and keep parents informed of their child's progress in the social skills program. (See Appendix K). As mentioned in chapter two, gaining support from parents and family members was designed to promote transfer of training and generalization of skills to other situations.

The researcher also completed a weekly group praise report for the students which promoted a great team effort. (See bottom of Appendix K). As a further attempt to promote group praise and transfer of training to other situations, each student was awarded a certificate of achievement at the completion of the social skills training program. (See Appendix L).

The weekly token reinforcement system was a joint responsibility involving both the resource room teacher

and the researcher. Subjects received tokens for exhibiting appropriate classroom behavior during social skills tutoring lessons. All tokens awarded were identified by the name of the subject and placed inside a sealed container. At the end of each week, a prize provided by the resource room teacher was awarded to one student. This component also provided an opportunity for the resource room teacher to socially reinforce the recently tutored positive social behaviors.

Hypotheses

Hypothesis 1

There will be no significant change in problem behavior scores on the Child Behavior Checklist (CBC)-Teacher Report Form for all students following the training program.

Hypothesis 2

There will not be a significant effect of treatment in social competence scores on the Child Behavior Checklist (CBC)-Parent Form for all students following the training program.

Hypothesis 3

There will be no significant change in level of self-efficacy for all students as measured on the Children's Self-Efficacy for Peer Interaction Scale (CSPI).

Data Analyses

To determine the effect of the intervention program in this pre/post design, analysis of data was done in ways that were appropriate to the research question being asked. The data were examined in terms of group means to see if the results were overall more positive, neutral or negative.

As gender was a variable of focus, t-tests were performed on means of behavior and self-efficacy measures to determine which factors or combination of factors significantly affected the success of the program.

Delimitations

The major delimitation of the study was that the researcher investigated a very specific sample of students from Grades 4, 5 and 6 in one elementary school within the City of Edmonton. These students received daily resource room assistance for learning difficulties in reading achievement.

Limitations

One limitation of this research is that the generalizability of the results may be apppropriate only for students in grades four, five and six who come from families in the lower to middle socio-economic levels. Also, developmental changes in social skills

strategies of these students may be unclear due to the restricted age range.

The findings may be influenced by the facilitator's motivation. If the facilitator was concerned about how she was doing in the facilitator role, the findings could be effected by a facilitator who was highly motivated to assist these students to do well.

The present study was also limited by the use of a questionnaire (CSPI), which has not been empirically researched. Although use of this measure served to investigate the outcome of the Structured Learning program, the results of the present research must be considered tentative. Future studies that correlate the outcome of the Structured Training program with more psychometrically sound tests may provide more conclusive evidence of the relationship between social skills training and self perception of effectiveness.

Research on procedures used to examine children's popularity with peers has shown that both negative and positive peer nominations and ratings are valuable in identifying the sociometric classification of children. For example, asking children who they like to play or work with the most and who they like the least allows for the discrimination between the neglected and rejected student. (Lazarus & Weinstock, 1984). However,

due to ethical considerations, neither peer nominations nor ratings were used in the present study. This investigation focussed on popularity in a broad sense and using only the CBC-parent rating of social competence and the CSPI self-rating of self perception of effectiveness in social situations was deemed appropriate.

A further limitation involves the lack of a control group in the present study. It is difficult to know whether the changes noted are as a result of the training program or would have occurred anyway.

CHAPTER IV

RESULTS

Introduction

The data analysis is divided into two sections. First, student demographics by gender, age and grade are presented comparing subgroup of behavior type as profiled by the Child Behavior Checklist-Teacher Report (CBC). Second, to determine the significance of differences between pre- and post-treatment measures, data from the teacher report measure of child behavior difficulties (CBC), the parent report measure of social competence (CBC), and the self-report measure of self-efficacy (CSPI) were analyzed using t-tests. This was accomplished by means of the Statistical Package for the Social Sciences (SPSSX) computer program (1983). In order to compare the mean scores of the grade 4 to 6 school aged males and females within the sample the scores were changed to T-scores, using the CBC age and gender specific norms.

Student Demographics

The sample, as displayed in Table 1, consisted of 12 grade four to six students inclusive. Two of these students exhibited normal range behavior, whereas eight were identified as expressing behavior within a clinical range in a clearly defined behavior type.

Sixty-seven percent of the total sample were male. However, in the sub sample identified within the internalizing behavior type, the number of males compared to the number of females was double. In the sub sample type identified as externalizing, no females were reported. The majority of the students in the total sample were in grade five. Seventy-five percent of the students were between the ages of 10 and 11.

Table 1

School Sample Distribution Between Males and Females, Age and Grade by the Child Behavior Profile-Teacher Report (CBC)

	Sample (n=12)		N Type (n=2)		I Type (n=6)		E Type (n=2)		U Type (n=2)	
	M	F	M	F	M	F	M	F	M	F
M	8				4		2		2	
F		4		2		2				
Age Distribution										
9		1		1						
10	2	2			1	2	1			
11	5				3				2	
12	1	1		1			1			
Grade Distribution										
4		3		1		2				
5	7				4		1		2	
6	1	1		1			1			

M = male
F = female
N = Normal Behavior Type
I = Internalizing Behavior Type, Clinical Range
E = Externalizing Behavior Type, Clinical Range
U = Undetermined Behavior Type, Clinical Range

Hypothesis 1

A paired t-test was used to analyze the data from all participating students (pre- versus post-social behavior treatment T-scores). A summary of the descriptive statistics is presented in Table 2. No significant difference was found between pre- and post-treatment observations. This suggests that treatment was without effect. The intervention did not have a significant effect in changing overall behavior problems for students following the training program. The difference in sample means (pre- and post-treatment) results only from chance.

Although the intervention results were not statistically significant, it is interesting to note that the mean T-score for particants remained outside of the normal range (55 - 70), suggesting an excess or clinical range of behavioral difficulties when compared with the norming group. (Achenbach & Edelbrock, 1983).

Table 2

Means, Standard Deviations and Significance of Differences Between Pre-Treatment and Post-Treatment Rates of Social Behavior

Variable	N	Mean	SD	t-value	Prob. two-tail
SB T1		73.08	9.29		
	12			2.03	.067
SB T2		72.08	8.52		

SB = Social Behavior
T1 = Pre-Test
T2 = Post-Test

Hypothesis 2

A paired measures t-test was used to determine the effect of social competence following intervention (pre- versus post-treatment T-scores). A summary is provided in Table 3. A significant difference was found. This suggests that treatment had a significant effect in increasing social competence for students following the training program.

Table 3

Means, Standard Deviations and Significance of Differences Between Pre-Treatment and Post-Treatment Rates of Social Competence

Variable	N	Mean	SD	t-value	Prob. two-tail
SC T1		36.92	11.77		
	12			-3.36	.006*
SC T2		39.67	10.48		

SC = Social Competence
T1 = Pre-Test
T2 = Post-Test
*p < .05

Hypothesis 3

A paired measures t-test was used to determine the effect of social self-efficacy following intervention (pre- versus post-treatment raw scores). A summary is provided in Table 4. A significant difference was found. This suggests that treatment had a significant effect in increasing social self-efficacy for students following the training program.

Table 4

Means, Standard Deviations and Significance of Differences Between Pre-Treatment and Post-Treatment Rates of Social Self-Efficacy

Variable	N	Mean	SD	t-value	Prob. two-tail
SE T1		60.00	10.22		
	12			-4.70	.001*
SE T2		62.25	10.75		

SE = Self-Efficacy
T1 = Pre-Test
T2 = Post-Test
*p < .05

Other comparisons for female and male participants were made by paired t-tests on pre- and post-test measures of social behavior, social competence and social self-efficacy. A summary is presented in Table 5. There were no significant differences found. This suggests that male scores were not significantly different from female scores in this sample.

Table 5

Means, Standard Deviations and Significance of Differences Between Males and Females on Social Behavior, Social Competence and Social Self-Efficacy

Variable	Male		Female		t-value	Prob
	M	SD	M	SD		two-tail
SB T1	76.25	8.26	66.75	8.81	-1.80	.125
SB T2	74.75	7.52	66.75	8.81	-1.56	.178
SC T1	32.38	8.31	46.00	13.49	1.85	.135
SC T2	35.75	7.13	47.50	12.72	1.72	.161
SE T1	63.13	8.08	53.75	12.34	-1.38	.235
SE T2	65.00	9.23	56.75	12.84	-1.15	.308

n males = 8, n females = 4
SB = Social Behavior
SC = Social Competence
SE = Self-Efficacy
T1 = Pre-Test
T2 = Post-Test

CHAPTER V

DISCUSSION

Introduction

In this concluding chapter the findings are related to the stated purpose. The statistical significance of this study is provided and implications and strengths are highlighted. Teacher and participating student perceptions of the training experience are offered. Suggestions for future research are explored.

Discussion

The efficacy of offering social skills training to children experiencing learning difficulties is examined. The many psychological correlates of learning difficulties include low social competence, social behavior problems and low self-efficacy which may include symptoms of anxiety, social withdrawal, somatic complaints, depression, aggressiveness or inattentiveness. Symptom relief gained by utilizing positive social skill behavior is helpful in two ways. Symptom relief may reduce the threat of present functioning (Kohn, 1977) and allow students to get on with pursuing their academic goals in school-related tasks. (Coie, 1985). Success in utilizing positive social behavior promotes positive social relationships

with both adults and peers which in turn increases social competence and self-efficacy. Experience of success due to positive interaction with others increases self confidence in the ability to bring about positive change.

Elementary school-aged children in grades 4 to 6 receiving daily resource room assistance for reading difficulities were given an opportunity to learn and utilize eight social skills with their resource room classmates facilitated by the researcher. This group of students showed a significant effect of treatment on both social competence and self-efficacy measures. In addition, changes on both measures were maintained after a five week follow-up period.

The success of behavioral-cognitive methods in effecting behavior change has been previously determined. (Cooke & Apolloni, 1976; La Greca & Santogrossi, 1980; Lacioni, 1982). The Structured Learning skills model utilized not only cognitive methods but a wide range of affective and behavioral methods, including reinforcement, feedback and modeling. In this study, the training program was adapted to meet the needs of children experiencing learning difficulties. It was successful in changing those behaviors associated with the construct of social competence and self-efficacy. The construct definition

utilized encompasses positive relations with others, age appropriate social behaviors and effective social behavior such as verbal communication. A significant change in overall negative social behavior which includes both internalizing and externalizing behavior difficulties was not found.

The above findings are consistent with the results of other multi-method studies focused on remediating social difficulties of elementary school-aged children experiencing learning difficulties. (La Greca & Santogrossi, 1980). These findings are also consistent with the failure of studies emphasizing cognitive methods alone to demonstrate changes in observed social behavior. (Gresham, 1985). These results indicate that children experiencing learning difficulties can benefit from being given an opportunity to learn and practice positive social skills in a facilitated group. Significant differences between males and females on these measures were not found. A lack of significant differences found between classes is an indication of homogeneity within the sample. Overall, this study confirmed previous literature and provided a more comprehensive picture of related psychological correlates.

Statistical Significance

All students participating in the present social skills intervention program showed significant effect of treatment in social competence and social self-efficacy. Group comparison of overall social problem behavior showed no statistical significance.

Theoretical Implications

The results of the present study provide support for several assumptions of an ecological model which emphasizes the interaction between a child and the environment. It was found that children experiencing learning difficulties significantly increased their level of social competence. This evaluation by parents of their children was further supported by the results of the self-report scale. It was found that the participants rated themselves as responding more positively to problem situations requiring verbal communication, as measured by the Children's Self-Efficacy for Peer Interaction Scale (CSPI). The students felt that they were more able to handle the various social situations after the social skills intervention. Opinions solicited from the students themselves about their perceptions of their skills and competencies added to the understanding of the reseacher and had direct implications for programming.

Both results can be generalized in that children experiencing learning difficulties may be further disabled by inadequate social skills. These findings support the ecological framework in that the professional cannot ignore the many child and context variables such as externalizing or internalizing behavior problems, parent, teacher and peer support and learner characteristics. Such information is helpful in determining needs and defining the homogeneity of the sample. Diverse needs might be met with different programs.

According to the ecological model which this study supports, there is no single assessment tool which can be used to evaluate each target behavior in every situation. Therefore, by utilizing various measures such as parent, teacher and self-ratings as used in the current study, an attempt is made to consider the various child and context variables in the comprehensive assessment and treatment of social skills difficulties of children experiencing learning difficulties.

Strengths of the Present Study

The present study has several strengths. The first is the assessment of social skills deficits and the consideration of other factors such as anxiety,

social withdrawal and aggressiveness. A major problem for children experiencing learning difficulties is that they may also experience social withdrawal or social rejection. This isolation may be due to skill deficits or interfering cognitive or emotional factors and may have important implications for assessment and treatment. The exclusive assessment of social skills deficits could cause the professional to lose sight of other factors such as anxiety or depression that may need to be the focus of further assessment and treatment. (Kratochwill & French, 1984).

A second strength is the use of a clearly defined and widely accepted definition of social competence. Two major problems with social skills/social competence research has been the use of broad definitions that are unclear and the lack of agreement among researchers as to which definition is more accurate. Comparisons between earlier studies have been difficult due to a lack of consensus concerning these definitions. Later research has tended to use a multi-component definition as it is used in this study.

A third strength is the use of a wide accepted standardized measure of social competence and social skills problem behaviors. (Achenbach & Edelbrock, 1983). In addition, this measure attempts to assess both internalizing and externalizing dimensions of

problem behavior. There is a great need in social skills research for the use of standardized measures to confirm theoretical assumptions and clinical observations.

A fourth positive aspect of the present research is the participation of resource room students. The positive side is that these students present a fairly homogenous group with respect to a number of important variables. This permits greater accuracy in the investigation of relationships. The use of resource room students also permitted the participation in the study of more students who experienced moderate to severe reading difficulties than would have been possible through other means such as a regular classroom population.

Student and Teacher Perceptions of the Skills Training Experience

Several themes emerged from the comments made by participating students and the resource room teacher following the intervention program. Included in those themes were student's perceptions of their own changed behaviors, their awareness of an increased range of verbal persuasive skills and their positive feelings about themselves and towards classmates. Consistent with students' perceptions, similar themes were evident

from the resource room teacher's observations. Representative comments expressed by this teacher are as follows:

> "Although I can't identify any major behavior changes resulting from the training program, I have noticed that the atmosphere in the classroom has changed. It's more of a caring and sharing atmosphere."

These themes suggest a sensitivity and awareness of self and others in age appropriate role taking that is often required for the development or maintenance of positive social skills.

Suggestions for Future Research

The complexity of the definition of social competence and social skills constructs makes the issue of valid and reliable assessment equally difficult. The limitations of behavior ratings have been presented and the situational specificity of socially acceptable behavior increases those limitations. One way to reduce some of the assessment problems is to employ a wide range of assessment measures to include ratings from home and community. Similar behavior ratings could be completed by parents and teachers involved in the care of the student. Although the present study utilized parental and community ratings across different measures, the lack of parent and community

validation of the student's scores on similar measures was a deficit in this study. Students in the resource room take part in regular classroom activities with normal achieving peers for approximately half of each school day. Behavioral evaluations on similar measures completed by classroom teachers in both environments would have provided useful additional measures.

Although the current study identified many specific component situational skill deficits that are problematic for the target children, further research is needed to develop more efficient measures of children's behavioral responses in specific situations. There is a need for research on more direct assessment tools which could measure specific skill difficulties exhibited by a child in differing situations. Furthermore, there is a need for research on validating the several direct measures currently available. Identification of specific situational skill difficulties provide a more accurate assessment of each student. Such an assessment is crucial for validity of the social skills intervention and successful treatment outcome.

There are some problems that still require the attention of future researchers. More comments from participating students and teachers involved in the care of these students are needed from qualitative

studies to show which behaviors are valued as critical in social interactions.

Since this study sampled students from only one school resource room in an urban centre, future research should include students from other schools in the city and in rural areas and those students who receive special education assistance within the regular classroom, in order to increase generalizability. Inclusion of students who require special educational services, but who are not receiving assistance in a segregated resource room setting would present a more balanced picture of the student experiencing learning difficulties and his development or maintaintence of pro-social behaviors.

Generalization of learned skills becomes less of a critical issue when a larger population of the school is offered training. However, maintenance of those skills still warrants attention. Short follow-up periods from four weeks to three months have been addressed in several studies (Fox, 1989; Northcutt, 1987). Longer follow-up periods present the difficulty of other intervening variables (e.g., student drop out including enrolment in a different school and summer holidays) but are still needed.

In recent research the greater risk for rejection and low peer relations of girls or aggressively active

boys experiencing learning difficulties has been stressed. (Bryan, 1974; Bruck, 1986). The sensitivity to these research findings in this study may have added knowledge to the body of research which suggested strong correlations between peer relations and later life difficulties. (Vaughn & Hogan, 1990) and endorsed the utility of including this sensitivity when investigating the construct of social competence.

Conclusions

Students experiencing learning difficulties receiving daily resource room assistance in reading, took part in a four week intervention program. A psychoeducational model, Structured Learning, was used. The intervention did not result in significant changes in overall negative social behavior observed by the resource room teacher. However, the intervention did result in significant effect of treatment in social competence and self-efficacy. These effects were maintained over a follow-up period of five weeks.

The suggestion was made that future research with students experiencing learning difficulties should experiment with empirical and qualitative studies to compare their effectiveness at developing and maintaining social skills. Suggestions were made that future research should be sensitive to externalizing

and internalizing behavior problems and the increased risk of rejection and isolation for girls experiencing learning difficulties. Future research should also assess the various child and context variables. These suggestions need to be considered in order to provide differing social skills treatment for the target population and account for successful outcome of training programs in the classroom. The importance of appropriate social skills as prerequisites to establishing and maintaining adequate social relationships cannot be overemphasized.

REFERENCES

Achenbach, T. M. (1982). Developmental Psychopathololgy. (2nd ed.). New York: Wiley.

Achenbach, T. M., & Edelbrock, C. (1983). Manual for the Child Behavior Checklist and Revised Child Behavior Profile. Departments Psychiatry & Psychology, University of Vermont, Burlington, VT 05401.

Achenbach, T. M., & Edelbrock, C. (1986). Manual for the Teacher's Form and Teacher Version of the Child Behavior Checklist. Burlington: University of Vermont, Department of Psychiatry.

Anderson, S., & Messick, S. (1974). Social competence in young children. Developmental Psychology, 10, 282-293.

Andrews, J., Peat, D., Mulcahy, R., & Marfo, K. (1990). A cognitive strategies approach for developing social competence. Agate: Journal of the Gifted and Talented Education Council of the Alberta Teacher's Association. 4(1), 25-33.

Apolloni, T., & Cooke, T. P. (1978). Integrated programming at the infant, toddler and preschool age levels. In M. Guralnik (Ed.), Early

Intervention and the Integration of Handicapped Children. Chicago: University Park Press.

Apolloni, T., Cooke, S. A., & Cooke, T.P. (1977). Establishing a normal peer as a behavioral model for developmentally delayed toddlers. Perceptual and Motor Skills, 44, 231-241.

Arkowitz, H. (1981). Assessment of social skills. In M. Hersen & A.S. Bellack (Eds.), Behavioral Assesment. (pp. 296-327). New York: Pergamon Press.

Asher, S.R., & Hymel, S. (1981). Children's social competence in peer relations: Sociometric and behavioral assessment. In J.D. Wine and M.D. Syme (Eds.), Social Competence. (pp. 125-157). New York, Guilford press.

Asher, S. R., Oden, S. L., & Gottman, J. M. (1976). Children's friendships in school settings. In L.G. Katz (Ed.), Current Topics in Early Childhood Education, Vol. 1. New Jersey: Ablex.

Asher, S. R., Singleton, L.C., Tinsley, B. R., & Hymel, A. (1979). A reliable sociometric measure for preschool children. Developmental Psychology, 15, 443-444.

Asher, S. R., & Wheeler, V. A. (1985). Children's loneliness: A comparison of rejected and neglected peer status. Journal of Consulting and Clinical Psychology, 53, 500-505.

Bandura, A. (1969). Social-learning theory of identificatory processes. In D.A. Goslin (Ed.), Handbook of Socialization Theory and Research Chicago; Rand McNally. 213-262.

Bandura, A. (1971). Vicarious and self-reinforcement processes. In R. Glasser (Ed.), The Nature of Reinforcement. New York: Academic Press.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavior change. Psychological Review, 84, 191-215.

Bandura, A. (1982). Self-efficacy mechanism in human agency. American Psychologist, 37, 122-147.

Bandura, A. (1986). Social Foundations of Thought and Action: A Social-Cognitive theory. Englewood Cliffs, N.J: Prentice-Hall.

Bandura, A., Ross, D., & Ross, S. A. (1961). Transmission of aggression through imitation of aggressive models. Journal of Abnormal and Social Psychology, 63, 575-582.

Barclay, J. (1966). Interest patterns associated with measuresof desirability. Personality Guidance Journal, 45, 56-69.

Barton, E. J. (1986). Modification of children's prosocial behavior. In P. Strain, M. Guralnick and H. Walker (Eds.), Children's Social Behavior: Development Assessment and Modication 331-372.

Battle, J. (1979). Self-esteem of students in regular and special classes. Psychological Reports, 44, 212-214.

Bellack, A. S. (1979). A critical appraisal for strategies for assessing social skills. Behavioral Assessment, 1, 157-176.

Bellack, A. S., & Hersen, M. (1979). Research and Practice in Social Skills Training. New York: Plenum Press.

Bender, W. N. (1987). Behavioral indicators of temperament and personality in the inactive learner. Journal of Learning Disabilities, 20(5), 301-305.

Berler, E. S., Gross, A. M., & Drabman, R. S. (1982). Social skills training with children: Proceed

with caution. Journal of Applied Behavior Analysis, 15, 41-53.

Bierman, K. L. (1986). Process of change during social skills training with preadolescents and its relation to treatment outcome. Child Development, 57, 230-240.

Bierman, K. L., & Furman, W. (1984). The effects of social skills and peer involvement on the social adjustment of preadolescents. Child Development, 55, 151-162.

Bierman, K. L., Miller, C. L., & Stabb, S. D. (1987). Improving the social behavior and peer acceptance of rejected boys: Effects of social skills training with instructions and prohibitions. Journal of Consulting and Clinical Psychology, 55, 194-200.

Black, F. W. (1974). Self-concept as related to achievement and age in learning disabled children. Child Development, 45, 1137-1140.

Boldstad, O. D., & Johnson, S. M. (1977). The relationship between teacher's assessment of students and student's actual behavior in the classroom. Child Development, 48, 510-578.

Bornstein, M., Bellack, A. S., & Hersen, M. (1980). Social skills training for highly aggressive children. Treatment in an inpatient psychiatric setting. Behavior Modification, 4, 173-186.

Bruck, M. (1986). Social and emotional adjustment of learning disabled children: A review of the issues. In S. J. Ceci, (Ed.), Handbook of Cognitive, Social and Neuropsychological Aspects of Learning Disabilities. Hillsdale, NJ:Lawrence Erlbaum Associates.

Bruininks, V. A. (1978). Actual and perceived peer status of learning disabled students in mainstream programs. Journal of Special Education, 12, 51-58.

Bruininks, V. A. (1978a). Peer status and personality characteristics of learning disabled and non-disabled students. Journal of Learning Disabilities, 11, 29-34.

Bryan, T. S. (1974). Peer popularity of learning disabled children. Journal of Learning Disabilities, 7, 621-625.

Bryan, T. S. (1978). Social relationships and verbal interactions of learning disabled children. Journal of Learning Disabilities, 11, 107-115.

Bryan, T. S. (1986). Self-concept and attributions of the learning disabled. Learning Disabilities Focus, 1(2), 82-89.

Bryan, T. S., & Bryan, J. H. (1978). Social interactions of learning disabled children. Learning Disability Quarterly, 1, 33-38.

Bryan, T. S., & Bryan, J. H. (1990). Social factors in learning disabilities: An overview. In H. Swanson and B. Keogh (Eds.), Learning Disabilities: Theoretical and Research Issues. New Jersey: Lawrence Erlbaum Associates.

Bryan, T. S., & Wheeler, R. (1972). Perception of children with learning disabilities: The eye of the observer. Journal of Learning Disabilities, 5, 199-206.

Bryan, T., Wheeler, R., Felcan, J., & Hernek, T. (1976). Come on dummy: An observational study of children's communications. Journal of Learning Disabilities, 53-61.

Burns, R. B. (1986). The Self-Concept in Theory, Measurement, Development and Behavior, London: Longman.

Carlson, C. (1987). Social interaction goals and strategies of children with learning disabilities. Journal of Learning Disabilities, 20(5), 306-311.

Cartledge, G. (1987). Reading, Writing and Learning Disabilities, 3, 223-239.

Cartledge, G., Frew, T., & Zaharias, J. (1985). Social skill needs of mainstreamed students: Peer and teacher perceptions. Learning Disability Quarterly, 8, 132-140.

Cartledge, G., & Milburn, J. F. (1978). The case for teaching social skills in the classroom. Review of Educational Research, 1, 133-156.

Cartledge, G., & Milburn, J. F. (1980). Teaching Social Skills to Children. Toronto: Pergamon Press.

Cartledge, G., & Milburn. (1983). Social skill assessment and teaching in the schools. In T.R. Kratochwill (Ed.), Advances in School Psychology, 3, 175-236.

Cartledge, G., & Milburn, J.F. (1986). Teaching Social Skills to Children: Innovative Approaches. (2nd Ed.), Toronto: Pergamon Press.

Chapman, J. W., & Boersma, F. J. (1980). Affective Correlates of Learning Disabilities. Lisse: Swets & Zeitlinger.

Coie, J. D. (1985). Fitting social skills intervention to the target goup. In B.H. Schneider, K. H. Rubin, & J. E. Ledingham (Eds.), Children's Peer Relations: Issues in asessment and intervention (pp. 141-156). New York: Springer-Verlag.

Coie, J. D., & Dodge, K. A. (1983). Continuity of children's social status: A five-year longitudinal study. Merrill-Palmer Quarterly, 29, 261-282.

Coie, J. D., Dodge, K. A., & Cappotelli, H. (1982). Dimensions and types of social status: A cross-age perspective. Developmental Psychology, 18, 557-570.

Coie, J. D., & Krehbiel, G. (1984). Effects of academic tutoring on the social status of low-achieving, socially rejected children. Child Development, 55, 1465-1478.

Coie, J.D., & Kupersmidt, J. B. (1983). A behavioral analysis of emerging social status. Child Development, 54, 1400-1416.

Coles, G. S. (1989). Excerpts from the learning mystique: a critical look at learning disabilities. Journal of Learning Disabilities, 22(5), 267-77.

Combs, M. L., & Slaby, D. A. (1977). Social skills training with children. In B.B. Lahey & A.E. Kazdin (Eds.), Advances in Clinical Child Psychology, Vol 1. New York: Plenum Press.

Cone, J. D., & Hawkins, R. P. (1977). Behavioral Assessment: New Directions in Clinical Psychology. New York: Brunner/Mazel.

Conger, J. C., & Keane, S. P. (1981). Social skills intervention in the treatment of isolated or withdrawn children. Psychological Bulletin, 90(3), 478-495.

Conn-Blowers, E. A. (1990). Special Education in Alberta, Department of Educational Psychology, Faculty of Education. Alberta: University of Alberta

Cooke, T. P., & Apolloni, T. (1976). Developing positive social-emotional behaviors. A study of training and generalization effects. Journal of Applied Behavior Analysis, 9, 65-78.

Cooley, E. J., & Ayres, R. R. (1988). Self-concept and success failure attributions of nonhandicapped students and students with learning disabilities. Journal of Learning Disabilities, 21(3), 174-178.

Cooper, J. O., Heron, T.E., & Heward, W.L. (1987). Applied Behavior Analysis. Columbus, OH: Charles E. Merrill.

Cowen, E. L., Pederson, A., Babigian, H., Izzo, L. D., & Trost, M. D. (1972). Long term follow-up of early detected vulnerable children. Journal of Consulting and Clinical Psychology, 41, 438-446.

Cowen, E. L., Pederson, A., Babigian, H., Izzo, L. D., & Trost, M. A. (1973). Long-term follow-up of early detected vulnerable children. Journal of Consulting and Clinical Psychology, 41, 438-446.

Cox, R. D. & Gunn, W. B. (1980). Interpersonal skills in the schools: Assessment and curriculum development. In D.P. Rathjen and J.P. Foreyt (Eds.). Social Competence Interventions for Children and Adults. Willowdale, Ontario, Pergamon Press.

Cullinan, D., Epstein, M. H. & Lloyd, J. (1981). School behavior problems of learning disabled and normal

girls and boys. Learning Disability Quarterly, 4(2), 163-169.

Curran, J. P. (1979). Social skills: Methodogical Issues and future directions. In A. Bellack and M. Hersen (Eds.). Research and Practice in Social Skills Training. Plenum press, N.Y.

D'Zurilla, T. J., & Goldfried, M. R. (1971). Problem solving and behavior modification. Journal of Abnormal Psychology, 78, 107-126.

Dodge, K. A. (1983). Behavioral antecedents of peer social status. Child Development, 54, 1386-1399.

Dodge, K. A., Coie, J. D., & Brakke, N. P. (1982). Behavior patterns of socially rejected and neglected preadolescents: The roles of social approach and aggression. Journal of Abnormal Child Psychology, 10, 389-409.

Dodge, K. A., McClaskey, C. L. & Feldman, E. (1985). A situational approach to the asessment of social competence in children. Journal of Consulting and Clinical Psychology, 53(3), 344-353.

Donahue, M., Pearl, R., & Bryan, T. (1980). Learning disabled children's conversational competence:

Responses to inadequate messages. Applied Psycholinquistics, 1, 387-403.

Duck, S. (1989). Socially competent communication and relationship development. In B.H. Schneider, G. Nadel and R. Weissberg (Eds.), Social Competence in Developmental Perspective, 91-106. Boston: Kluwer Academic Publishers.

Edelbrock, C. (1983). Problems and issues in using rating scales to assess child personality and psychopathology. School Psychology Review, 12, 293-299.

Eisenberger, N. & Harris, J. D. (1984). Social competence: A developmental perspective. School Psychology Review, 13, 267-277.

Elliott, S. N., Sheridan, S. M., & Gresham, F. M. (1989). Scientific Practioner. Assessing and treating social skill deficits: A case study for the scientist-practioner. Journal of School Psychology, 27, 197-222.

Elliott, D., & Voss, H. (1974). Delinquency and Dropout. Lexington, MA: Lexington Books.

Emery, R. E. (1982). Interparental conflict and the children of discord and divorce. Psychological Bulletin, 92, 310-330.

Ford, M. E. (1982). Social cognition and social competence in adolescence. Developmental Psychology, 18, 323-340.

Foster, S. L., & Ritchey, W. L. (1977). Issues in the assessment of social competence in children. Journal of Applied Behavior Analysis, 12, 625-638.

Fox, C. L. (1989). Peer acceptance of learning disabled children in the regular classroom. Exceptional Children, 56, 50-59.

French, D. C., & Tyne, T. F. (1982). The identification and treament of children with peer relationship difficulties. In J.P. Curran & P.M. Monti (Eds.) Social Skills Training: A Practical Handbook for Assessment and Treatment, (pp. 280-308). New York: Guildford Press.

French, D. L., & Waas, G. A. (1985). Behavior problems of peer-neglected and peer-rejected elementary-age children: Parent and teacher perspectives. Child Development, 56, 246-252.

Frentz, C. (1986). Behavioral Correlates of Children's Social Competence: An investigation of two social skills classification models. Louisiana State University, Baton Rouge, LA.

Gamble, A., & Strain, P. S. (1979). The effects of dependent and interdependent group contingencies on socially appropriate responses in classes for emotionally handicapped children. Psychology in the Schools, 16, 253-260.

Garmezy, M. (1973). Children at risk: The search for the antecedents of schizophrenia Part 1: Conceptual models and research methods. Schizophrenia Bulletin, 8, 14-90.

Goetz, T. E., & Dweck, C. S. (1980). Learned helplessnes in social situations. Journal of Personality and Social Psychology, 39, 246-255.

Goldstein, A. P., Sprafkin, R. P., Gershaw, N. J., & Klein, P. (1980). Skillstreaming the Adolescent. Champaign, Research Press.

Goldstein, A. P., Sprafkin, R. P., Gershaw, N. J., & Klein, P. (1983). Structered learning: A psychoeducational approach for teaching social competencies. Behavioral Disorders, 8, 161-170.

Gottman, J., Gonso, J., & Schuler, P. (1976). Teaching social skills to isolated children. Journal of Abnormal Child Psychology, 4, 179-197.

Gredler, M. E. (1992). Learning and Instruction Theory into Practice. (2nd Ed.).

Greenwood, C. R., Todd, N. M., Hops, H., & Walker, H. M. (1982). Behavior change targets in the asessment and behavior modification of socially withdrawn preschool children. Behavioral Assessment, 4, 273-297.

Greenwood, C.R., Walker, H. M. & Hops, H. (1977). Issues in social interaction/withdrawal assessment. Exceptional Children, 43(5), 490-499.

Greenwood, C. R., Walker, H. M., Todd, N. H., & Hops, H. (1976). Preschool Teachers' Assessments of Social Interaction: Predictive success and normative data. No. 26. Eugene: University of Oregon, Center at Oregon for research in the Behavioral Education of the Handicapped.

Gresham, F. M. (1981). Social skills training with handicapped children: A review. Review of Educational Research, 51, 139-176.

Gresham, F. M. (1982). Misguided mainstreaming: The case for social skills training with handicapped children. Exceptional Children, 48(5), 422-433.

Gresham, F. M. (1985). Utility of cognitive-behavioral procedures for social skills training with children: A review. Journal of Abnormal Child Psychology, 13, 411-423.

Gresham, F. M. (1986). Conceptual and definitional issues in the assessment of children's social skills: Implication for classification and training. Journal of Clinical Child Psychology, 15, 16-25.

Gresham, F. M. (1988). Social Skills: Conceptual and applied aspects of assessment, training and social validation. In J. Witt, S. Elliott and F. Gresham (Eds.), Handbook of Behavior Therapy in Education. (pp. 523-546).

Gresham, F. M., & Elliott, S. N. (1984). Assessment and classification of children's social skills: A review of methods and issues. School Psychology Review, 13(3), 292-301.

Gresham, F. M., & Elliott, S. N. (1989). Social skills assessment technology for learning disabled

students. Learning Disability Quarterly, 12, 141-152. Spring.

Gresham, F. M., & Nagle, R. J. (1980). Social skills training with children: Responsiveness to modeling and coaching as a function of peer orientation. Journal of Consulting and Clinical Psychology, 18, 718-729.

Gresham, F. M., & Reschley, D. J. (1986). Social skills deficits and low peer acceptance of mainstreamed learning disabled children. Learning Disabled Quarterly, 9, 230-232.

Harter, S. (1982). The perceived competence sacle for children. Child Development, 53, 87-97.

Hartup, W. W. (1983). Peer relations. In P. H. Mussen & E. M. Hetherington (Eds.), Handbook of Child Psychology, (Vol. 4) (pp. 104-196). New York: Wiley.

Hartup, W. W., Glazer, J. A., & Charlesworth, R. (1967). Peer reinforcement and sociometric status. Child Development, 38, 1017-1024.

Hazel, J. S., Schumaker, J. B. & Sheldon-Wildgen, J. (1982). Application of a group training program in social skills and problem solving to learning

disabled and non-learning disabled youth. Learning Disability Quarterly, 5,. 415-420.

Hazel, J. S., Schumaker, J. B., Sherman, J. A., & Sheldon-Wildgen, J. (1981). Asset: A Social Skills Program for Adolescents. Champaign, Il: Research Press.

Hazel, J. S., Schumaker, J. B., & Sherman, J. A., & Sheldon, J. (1981). The development and evaluation of a group skills training program for court-adjudicated youths. In D. Upper and S. Ross (Eds.), Behavioral Group Therapy. An annual Review. Illinois: Research Press Company.

Hazel, J. S., Schumaker, J. B., Sherman, J. A., & Sheldon, J. (1982). Application of a group training program in social skills and problem solving to learning disabled and non-learning disabled youth. Learning Disability Quarterly, 5, 398-408.

Hoge, R. (1983). Psychometric properties of teacher-judgment measures of pupil aptitudes, classroom behavior and achievement. Journal of Special Education, 17, 401-429.

Hops, H. (1982). Social skills training for socially isolated children. In P. Karoly & J. Steffen (Eds.), Enhancing Children's Competences. (pp. 39-97). Lexington, MA: Lexington Books.

Hops, H., & Greenwood, C. R. (1981). Social skills deficits. In E. J. Mash & L. G. Terdal (Eds.), Behavioral Assessment of Childhood Disorders., (pp. 34-394). New York: Guilford Press.

Hops, H., & Greenwood, C. R. (1988). Social skill deficits. In E. J. Mash & L. G. Terdal (Eds.), Behavioral Assessment of Childhood Disorders., (2nd Ed.) (pp.263-314). New York: Guilford Press.

Huesmann, L. R., Eron, L. D., Lefkowitz, M. M., & Walder, L. O. (1984). Stability of aggression over time and generations. Developmental Psychology, 20, 1120-1134.

Humphreys, L. E., & Ciminero, A. R. (1979). Parent report measures of child behavior: A review. Journal of Clinical Child Psychology, 8, 56-63.

Hymel, S. (1986). Interpretations of peer behavior: Affective bias in childhood and adolescence. Child Development, 58, 431-445.

Johnson, J. H., Jason, L. A., & Betts, D. M. (1990). Promoting social competencies through educational efforts. In T. Gullotta, G. Adams and R. Montemayor (Eds.), Developing Social Competency in Adolescence. (pp. 139-168). Sage Publications.

Jones, C. J. (1992). Enhancing Self-Concepts and Achievement of Mildly Handicapped Students: Learning Disabled, Mildly Mentally Retarded and Behavior Disordered. (pp. 59-63). Illinois: Charles Thomas Publisher.

Kagan, J., & Moss, H. (1962). From Birth to Maturity. New York: Wiley.

Kazdin, A. E. (1973). Role of instructions and reinforcement in behavior changes in token reinforcement programs. Journal of Educational Psychology, 64, 63-71.

Kelley, M. L. (1985). Review of Child Behavior Checklist. In J. V. Mitchell, Jr. (Ed.) The Ninth Mental Measurements Yearbook, (pp. 301-303) Nebraska: Lincoln.

Keogh, B. (1988). In M.C. Wang, M.C. Reynolds, and H.J. Walberg (Eds.) Mildly Handicapped Conditions:

Handbook of special education research and practice, 2, Toronto: Pergamon Press.

Keogh, B. (1990). Learning disability. In M. Wang, M. Reynolds and H. Walberg (Eds.), Special Education Research and Practice. Synthesis of findings.

Knight-Arest, I. (1984). Communicative effectiveness of learning disabled and normally achieving 10-13 year old boys. Learning Disability Quarterly, 7, 237-245.

Kohlberg, L., Lacrosse, J., & Ricks, D. (1972). The predictability of adult mental health from childhood behavior. In B. Wolman (Ed.) Manual of Child Psychology, (pp. 1217-1284) New York: McGraw Hill.

Kohn, M. (1977). Social Competence, Symptoms and Underachievement in Childhood: A longitudinal perspective. New York: Winston.

Koppitz, E. M. (1971). Children with Learning Disabilities: A Five Year Follow-up Study. New York: Grune and Stratton.

Kratochwill, T. R., & French, D. C. (1984). Social skills training for withdrawn children. School Psychology Review, 13(3), 331-338

La Greca, A. M., (1987). Children with learning disabilities: Interpersonal skills and social competence. Reading, Writing and Learning Disabilities, 3, 167-195.

La Greca, A. M., Dandes, S. K., Wick, P., Shaw, K., & Stone, W. L. (1988). Development of the Social Anxiety Scale for Children: Reliability and concurrent validity. Journal of Clinical Child Psychology, 17, 84-91.

La Greca, A. M., & Mesibov, G. B. (1979). Social skills intervention with learning disabled children: Selecting skills and implementing training. Journal of Clinical Child Psychology, 1, 234-241.

La Greca, A. M., & Mesibov, G. B. (1981). Facilitating interpersonal functioning with peers in learning disabled children. Journal of Learning Disabilities, 14, 197-199, 238.

La Greca, A. M., & Santogrossi, D. A. (1980). Social skills training with elementary school students: A behavioral approach. Journal of Consulting and Clinical Psychology, 48, 220-227.

LaBenne, W., & Green, B. (1969). Educational Implications of Self-Concept Theory. Pacific Palisades, Ca: Goodyear.

Lacioni, G. E. (1982). Normal children as tutors to teach social responses to withdrawn mentally retarded schoolmates. Training, maintenance and generalization. Journal of Applied Behavior Analysis, 15, 17-40.

Ladd, G. (1981). Effectiveness of a social learning method for enhancing children's social interaction and peer acceptance. Child Development, 52, 171-178.

Ladd, G. (1983). Social networks of popular, average, and rejected children in school settings. Merrill Palmer Quarterly, 29, 282-307.

Ladd, G. W. (1984). Social skill training with children: Issues in research and practice. Clinical Psychology Review, 4, 317-337.

Ladd, G. W. (1985). Documenting the effects of social skill training with children: Process and outcome assessment. In B. Schneider, K. Rubin & J. Ledingham (Eds.), Children's Peer Relations:

Issues in assessment and intervention. (pp. 243-269). New York: Springer-Verlag.

Lazarus, P. & Weinstock, S. (1984). Use of sociometric peer nominations in classifying socially ignored versus socially rejected children. School Psychology International, 5, 139-146.

LeCroy, C. W. (1982). Social skills training with adolescents: A review. Child and Youth Services, 5, 91-116.

Lefcourt, H. J., & Loughlin, H. M. (1966). Internal versus external control of reinforcement: A review. Psychological Bulletin, 65, 206-220.

Leigh, J. (1987). Adaptive behavior of children with learning disabilities. Journal of Learning Disabilities, 20(9), 557-562.

Lerner, J. (1981). Learning Disabilities: Theories, diagnosis and teaching strategies (3rd ed.) Boston: Houghton Mifflin.

Levine, M. (1987). Developmental Variations and Learning Disorders. Cambridge, MA: Educators Publishing Service.

Lovitt, T. C., (1987). Social skills training: Which ones and where to do it? Reading, Writing and Learning Disabilities, 3, 213-221.

Luftig, R. (1988). Assessment of Learners with Special Needs. Boston: Allyn & Bacon.

Maag, J. W. (1990). Social skills training in schools. Special Services in the Schools, 6, Haworth Press, Inc.

Madden, N.A., & Slavin, R.E. (1983). Mainstreaming students with mild handicaps: academic and social outcomes. Review of Educational Research, 539, 519-569.

Matson, J. L., & Olendick, T. H. (1988). Enhancing Children's Social Skills: Assessment and training, (pp.1-16), New York; Pergamon Press.

McConaughy, S. H. (1985). Using the Child Behavior Checklist and related instruments in school-based assessment. School Psychology Review, 14, 479-494.

McConaughy, S. H., & Ritter, D. R. (1986). Social competence and behavioral problems of learning disabled boys aged 6-11. Journal of Learning Disabilities. 19, 39-45.

McConnell S. R., & Odom, S. L. (1986). In P.S. Strain, M.J. Guralnick & H.M. Walker (Eds.), Children's Social Behavior, (pp. 215-283).

McFall, R. M. (1982). A review and reformulation of the concept of social skills. Behavioral Assessment, 4, 1-33.

McGinnis, E., & Goldstein, A.P. (1984). Skillstreaming the Elementary School Child. A guide for teaching prosocial skills. Ontario: Research Press.

McNeilly, R. A., & Yorke, C. (1990). Social skills training and the role of a cognitive component in developing school assertion in adolescents. Canadian Journal of Counselling, 24(4), 217-229.

Meichenbaum, D. (1975). Self-instructional methods. In F.H. Kanfer & A.P. Goldstein (Eds.) Helping People Change: A Textbook of Methods. New York: Pergamon Press.

Meichenbaum, D. (1979). Teaching children self-control. In B. Lahey, Benjamin and Kazdin (Eds.), Advances in Clinical Child Psychology, 2, NY: Plenum Press.

Meichenbaum, D. (1980). A cognitive behavioral perspective on inteligence. Intelligence. 4, 271-283.

Mercer, C. (1987). Students with Learning Disabilities. (3rd Ed.), Columbus OH: Merrill.

Mercer, C., & Mercer, A. (1989). Teaching Students with Learning Problems. (3rd Ed.), Columbus, OH: Merrill.

Michelson, L., & Mannarino, A. (1986). Social skills training with children: Research and clinical application. In P. Strain, M. Guralnick and H. Walker (Eds.), Children's Social Behavior: Development, Assessment and Modification. Academic Press, Incorporated.

Michelson, L., Sugai, D., Wood, R., & Kazdin, A. E. (1983). Social Skills Assessment and Training with Children: An Empirical Handbook. New York, Plenum.

Michelson, L., & Wood, R. (1980). Behavioral assessment and training of childrens' social skills. Progress in Behavior Modification, 9, 241-292.

Morrison, G. M., Forness, S. R., MacMillan, D. L. (1983). Influences on the sociometric ratings of mildly handicapped children: A path analysis. Journal of Educational Psychology, 75, 63-74.

Mooney, K. C. (1984). Child Behavior Checklist. In D. Keyser and R. Sweetland (Eds.) Test Critiques, Vol 1, (pp. 168-184). Missouri: Test Corporation of America.

Newcomb, A. F., & Bukowski, W. M. (1983). Social impact and social preference as determinants of children's peer group status. Developmental Psychology, 9, 856-867.

Noel, M. M. (1980). Referential communication abilities of learning disabled children. Learning Disability Quarterly, 3, 70-75.

Nordquist, V. M. (1978). A behavioral approach to the analysis of peer interaction. In M.J. Guralnick (Ed.), Early Intervention and the Integration of Handicapped and Non-handicapped Children. Baltimore: University Park Press.

Northcutt, T. E. (1987). The impact of a social skills training program on the teacher-student relationship. (Doctoral dissertation, University of Maryland, 1987). Dissertation Abstracts International, 47, 3712A.

Nowacek, E. J. (1988). Teaching Social Skills in Schools. Academic Therapy, 24(2).

Oden, S., & Asher, S. R. (1977). Coaching children in social skills for friendship making. Child Development, 48, 495-506.

O'Leary, K. D., & Emery, R. E. (1985). Marital discord and child behavior problems. In D. Levine and P. Satz (Eds.), Developmental Variations and Dysfunction., New York: Academic Press.

O'Leary, K. D., & Johnson, S. B. (1979). Psychological assessment. In H.C. Quay & J. Werry (Eds.), Psychopathological Disorders of Childhood. New York: Wiley.

Oliva, A. H., & La Greca, A. M. (1988). Children with learning disabilities: Social goals and strategies. Journal of Learning Disabilities, 21, 301-306.

Ollendick, T. H., & Hersen, M. (1984). Child Behavior Assessment. Elmsford, NY: Pergamon Press.

Osman, B. B. (1982). No One to Play With: The social Side of Learning Disabilities. New York: Random House.

Osman, B. B. (1987). Promoting social acceptance of children with learning disabilities: An

educational responsibility. Reading, Writing, and Learning Disabilities, 3, 111-118.

Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? Pyschological Bulletin, 102, 357-389.

Patterson, G. R. (1982). A Social Learning Approach to Family Intervention: Coercive Family Process. Vol. 3. Eugene, OR: Castalia.

Patterson, G. R., Reid, J. G., Jones, R. R., & Conger, R. E. (1975). A Social Learning Approach to Family Intervention. Eugene, OR: Castalia.

Pearl, R., Donahue, M., & Bryan, T. (1986). Social relations of learning disabled children. In J.K. Torgesen & B.Y.L. Wong (Eds.), Psychological and Educational Perspectives on Learning Disabilities. Orando Fl: Academic Press.

Peery, J. C. (1979). Popular, aimable, isolated and rejected: A reconceptualization of sociometric status in preschool children. Child Development, 50, 1231-1234.

Petersen, N. J., & Moe, G. L., (1984). A multimethod assessment and intervention with a socially

rejected child. School Psychology Review, 13, 391-396.

Piers, E. V. (1984). Piers-Harris Children's Self-Concept Scale. (Rev. Ed.), Los Angeles: Western Psychological Services.

Piers, E. V., & Harris, D. B. (1969). Manual for the Piers-Harris Children Self-Concept Scale. Nashville: Counselor Recordings and Tests.

Quay, H. (1972). Patterns of aggression, withdrawal and immaturity. In H. Quay & J. Werry (Eds.), Psychopathological Disorders of Childhood. New York: Wiley.

Quay, H. C., & Peterson, D. R. (1975). Manual for the Behavior Problem Checklist. Coral Gables, Fl: University of Miami.

Quilitch, R., & Risley, T. (1973). The effects of play materials on social play. Journal of Applied Behavior Analysis, 6, 573-578.

Rathjen, D. P. (1980). An overview of social competence. In D.P. Rathjen and J.P. Foreyt (Eds.), Social Competence: Intervention for Children and Adults. NY: Pergamon Press.

Rathjen, D.P. (1984). Social skills training for children: Innovations and consumer guidelines. School Psychology Review, 13(3).

Richard, B. A., & Dodge, K. A. (1982). Social maladjustment and problem solving in school-aged children. Journal of Consulting and Clinical Psychology, 50, 226-233.

Ritter, D. R. (1989). Social competence and problem behavior of adolescent girls with learning disabilities. Journal of Learning Disabilities, 22(7).

Rosenthal, T. L. (1976). Modeling therapies. In M. Hersen, R.M. Eisler and P.M. Miller (Eds.), Progress in Behavior Modification. Vol 2. NY: American Press.

Ross, D. M., & Ross, S. A. (1982). Hyperactivity: Current Issues, Research and Theory, (2nd Ed.). New York: John Whiley & Sons.

Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 80(1).

Russo, D. C., & Koegel, R. L. (1977). A method for integrating an autistic child into a normal

public-school classroom. Journal of Applied Behavior Analysis, 10, 570-590.

Schneider, B. H., & Byrne, B. M. (1985). Children's social skills training: A meta-analysis. In B. Schneider, K. Rubin, & J. Ledingham (Eds.), Children's Peer Relations: Issues in Assessment and Intervention. 175-192. New York: Springer.

Schuler, A. L., & Perez, L. (1988). The role of social interaction in the development of thinking skills. In E. Meyen, G. Vergason, and R. Whelan (Ed.s). Effective Instructional Strategies for Exceptional Children.

Schulz, J. B., & Turnbull, A. P. (1983). Mainstreaming Handicapped Students: A guide for classroom teachers (2nd Ed.), Boston: Allyn and Bacon.

Schumaker, J. B., & Ellis, E. (1982). Social skills training of LD adolescents: A generalization study. Learning Disability Quarterly, 5, 409-414.

Schumaker, J. B., Hazel, J. S., Sherman, J. A., & Sheldon, J. (1982). Social skill performances of learning disabled, non-learning disabled and delinquent adolescents. Learning Disability Quarterly, 5, 388-397.

Schumaker, J. B., Pederson, J., Hazel, J. S., & Meyen, E. L. (1983). Social skills curricula for mildly handicapped adolescents: A review. Focus on Exceptional Children, 16(4), 1-16.

Shantz, C. U. (1983). Social cognition. In P.H. Mussen (Ed.), Handbook of Child Psychology: Cognitive Development, 3, 495-555. NY: Wiley & Sons.

Shavelson, R. J., & Bolus, R. (1982). Self-concept: the interplay of theory and methods. Journal of Educational Psychology, 74(1), 3-17.

Shavelson, R. J., Hubner, J. J., & Stanton, J. C. (1976). Self-concept: Validation of construct interpretations, Review of Educational Research, 46, 407-441.

Sheare, J. B. (1978). The impact of resource program upon the self-concept and peer acceptance of learning disabled children. Psychology in the Schools, 15, 406-412.

Shores, R. E., Hester, P., & Strain, P. S. (1976). Effects of amount and type of teacher-child interaction on child-child interaction during free play. Psychology in the Schools, 13, 171-175.

Shure, M. (1980). Real-life problem solving for parents and children: An approach to social competence. In D.P. Rathjen and J.P. Foreyt (Eds.), Social Competence: Intervention for Children and Adults. Ontario: Pergamon Press.

Smith, C. R. (1983). Learning Disabilities: The interaction of learner, task, and setting. Toronto: Little, Brown & Company.

Soenksen, P. A., Flagg, C. L., & Schmits, D. W. (1981). Social communication in learning disabled students: A pragmatic analysis. Journal of Learning Disabilities, 14, 283-286.

Spekman, N. J. (1981). Dyadic verbal communication abilities of learning disabled and normally achieving fourth- and fifth-grade boys. Learning Disability Quarterly, 4, 139-151.

Sprafkin, R. P. (1980). The assessment of social skills: An overview. School Psychology Review, 9(1), 14-20.

Stephens, T. M. (1980). Social Behavior Assessment. Columbus: Cedars.

Stokes, T. F., & Baer, D. M. (1977). An implicit technology of generalization. Journal of Applied Behavior Analysis, 10, 349-367.

Stone, W. C., & La Greca, A. M. (1984). Comprehension of nonverbal communication: A reexamination of the social competencies of learning disabled children. Journal of Abnormal Child Psychology, 12, 505-518.

Stone, W. L., & La Greca, A. M. (1990). The social status of children with learning disabilities: A reexamination. Journal of Learning Disabilities, 23(1), 32-37.

Strain, P. S., Shores, R. E., & Kerr, M. M. (1976). An experimental analysis of "spillover" effects on the social interaction of behaviorally handicapped preschool children. Journal of Applied Behavior Analysis, 9(1), 31-40.

Strain, P. S., Shores, R. E., & Timm, M. A. (1977). Efffects of peer social initiations on the behavior of withdrawn preschool children. Journal of Applied Behavior Analysis, 10, 289-298.

Sullivan, H. S. (1953). The Interpersonal Theory of Psychiatry. New York: W.W. Norton.

Tolor, A., Tolor, B., & Blumin, S. S. (1977). Self-concept and locus of control in primary grade children identified as rquiring special education programming. Psychological Reports, 40, 43-49.

Toro, P. A., Weissberg, R. P., Guare, J. & Liebenstein, N. L. (1990). A comparison of children with and without learning disabilities on social problem-solving skill, school behavior, and family background. Journal of Learning Disabilities, 23(2), 115-120.

Trower, P., Bryant, B., & Argyle, M. (1978). Social Skills and Mental Health. Pittsburgh: University Press.

Ullman, C. A. (1975). Teachers, peers, and tests as predictors of adjustment. Journal of Educational Psychology, 48, 257-267.

Vaughn, S. (1985). Why teach social skills to learning disabled students? Journal of Learning Disabilities, 18(10), 588-591.

Vaughn, S., & Hogan, A. (1990). Social competence and learning disabilities: A prospective study. In H.L. Swanson & B.K. Keogh (Eds.), Learning

Disabilities: Theoretical and Research Issues. (pp. 175-191). Hillsdale, NJ: Erlbaum.

Vaughn, S., & Lancelotta, G. X. (1990). Teaching interpersonal social skills to poorly accepted students: Peer-pairing versus non-peer-pairing. Journal of School Psychology, 28, 181-188.

Vaughn, S., McIntosh, R., & Hogan, A. (1990). Why social skills training doesn't work: An alternative model. In T. Scruggs & B.Y.L. Wong (Eds.), Intervention in Learning Disabilities. pp. 279-303. New York: Springer-Verlag.

Vaughn, S., McIntosh, R., & Zaragoza, N. (1992). Social interventions for students with learning disabilities: Towards a broader perspective. In S. Vogel (Ed.), Educational Alternatives for Students with Learning Disabilities. New York: Springer-Verlag.

Walker, H. M. (1970). Problem Behavior Identification Checklist. Los Angeles: Western Psychological Services.

Walker, H. M. (1983). Walker Problem Behavior Identification Checklist Manual. Los Angeles: Western psychological services.

Walker, H. M., McConnel, S., Holmes, D., Todis, B., Walker, J., & Golden, N. (1983). The Walker Social Skills Curriculum: The ACCEPTS Program. Texas: Pro-Ed.

Walls, R. T., Werner, T. J., Bacon, A., & Zane, T. (1977). Behavior checklists. In J.D. Cone and R.P. Hawking (Eds.), Behavioral Assessment: New Directions in Clinical Psychology. New York: Brunner/Mazel.

Wheeler, V. A., & Ladd, G. W. (1982). Assessment of children's self-efficacy for social interactions with peers. Developmental Psychology, 18(6), 795-805.

Wiener, J. (1987). Peer status of learning disabled children and adolescents: A review of the literature. Learning Disabilities Research, 2(2) 62-79.

Wilchelsky, M., & Reynolds, T. (1986). The socially deficient LD child in context: A systems approach to assessment and treatment. Journal of Learning Disabilities, 19, 411-415.

Witt, J. C., & Elliott, S. N. (1985). Acceptability of classroom intervention strategies. In T.R.

Kratochwill (Ed.), Advances in School Psychology, 4 251-288. Hillsdale, NJ: Lawrence Erlbaum.

Zigler, E., & Trickett, P.K. (1978). I.Q., social competence and evaluation of early childhood intervention programs. American Psychologist, 33, 789-798.

APPENDIX A

ETHICS APPROVAL

November 21, 1991

From: Department of Educational Psychology
Research and Ethics Committee

The Research and Ethics Committee of the Department of Educational Psychology has reviewed the attached proposal and finds it acceptable with respect to ethical matters.

Applicants: Dr. J. Paterson on behalf of Judith Anne Kelly (graduate student).

Title: Social Skills Training with Learning Disabied Children.

Participating Agencies:

Recommended Change:

J. Rogers
Chairman or Designate, Research and Ethics Committee

Nov 21, 1991
Date

APPENDIX B
APPROVAL TO CONDUCT RESEARCH

EDMONTON PUBLIC SCHOOLS

December 17, 1991

(File #027)

Mr. W. A. Kiffiak
School Liaison Officer
Division of Field Services
University of Alberta
Edmonton, Alberta
T6G 2G5

Dear Mr. Kiffiak:

Re: Research Request: Social Skills Training With Learning Disabled Children: Kelly (Paterson)

The above research request has been approved on a permissive basis following examination by our department. The approval is subject to the following conditions.

1. Teachers and student participation in the study to be voluntary;

2. Students are free to withdraw at any time;

3. Parental permission will be sought for students to participate in the study, and to obtain access to those student records deemed necessary;

4. The results of the study will be provided to the parents and teacher; and

5. Anonymity of the students and the confidentiality of information obtained is assured.

Judith Kelly should now contact , principal, elementary school, to obtain approval and to make the necessary arrangements for conducting the study. A two page summary of the study is enclosed for your information.

The district would appreciate receiving a copy of the study results as they become available. (PLEASE QUOTE FILE # ABOVE)

Yours sincerely,

Simon van der Valk
Supervisor Monitoring and
Student Information

SVV/LH:ae

cc Elementary School
Judith Kelly

APPENDIX C

PARENT/GUARDIAN INFORMATION LETTER

January 10, 1992

Dear Parent/Guardian,

I would like to request permission for your child to take part in social skills training with me at your school. The training will take place in your school for one class period, once a week for four weeks.

I am a graduate student at the University of Alberta in the Faculty of Education. As part of my studies, at the University, I am assisting children in Mrs. H's class with classroom social relationships.

Before the training, I would like to spend 20 minutes with you during an interview to discuss how you feel about your child's relationships with classmates, so that we can find out which social skills would be most helpful for your child.

Before and after training, I will spend 20 minutes with your child, during an interview, to ask questions about how he/she feels about relationships with classmates. Interviews with your child will be done at the school. Interviews with you and your child will remain confidential. A copy may be placed in your child's confidential file at school.

In order to do this study, I am requesting permission for your child to take part in the interviews and social skills training.

I will be pleased to provide any further information you may need concerning this study. I may be contacted at 434-0628 after 6:00 p.m.

I hope that you will agree to have your child take part in this study. Please complete the CONSENT FORM included with this letter giving your consent and return it to the school by January 13.

I look forward to meeting with you and discussing how I can best help your child.

Thank you.

Yours sincerely,

Judie Kelly

/smd

EDMONTON PUBLIC SCHOOLS

APPENDIX C

PARENT/GUARDIAN INFORMATION LETTER

SOCIAL SKILLS TRAINING with Judie Kelly
University of Alberta
January 21, 1992

Dear Parent or guardian:

Thank you for allowing your child to take part in my study assisting children with classroom social relationships in Mrs. H's class. I also wish to thank you for taking time from your busy schedule to talk to me about your child's social relationships.

At this time, I would like to request permission for your child's confidential school records to be accessed by me. Test results on the school files will be used with my study, but I will use a false name to protect your child's identity. I am also requesting your consent for Mrs. H to spend 10 minutes before the training and 10 minutes after the training to answer questions on a social skills checklist so that I may gain a better understanding of your child's behavior within the school environment.

Lastly, I am requesting your permission to videotape parts of the training sessions. Often, it is helpful to replay the tape to see behaviors and comments that may have been missed during the actual session. In addition, children may feel rewarded for their participation by having the opportunity to watch themselves on the T.V. screen. The recordings may also be reviewed by one of my supervisors involved in the training program. I will erase the recordings when the study is finished, in the summer of 1992.

I hope that you will agree to provide your consent. Please complete the CONSENT FORM included with this letter giving your consent and return it with your child to Mrs. H's class.

Thank you.

Yours sincerely,

Judie Kelly

APPENDIX D

PARENT/GUARDIAN CONSENT FORM

CONSENT FORM

SOCIAL SKILLS TRAINING with Judie Kelly, University of Alberta

I agreed to have my child participate in the above training with Judie Kelly.

I understanding that there will be no health risks to my child resulting from his/her participation in the training. I also understand that I am free to withdraw my consent and terminate my child's participation at any time by written notice.

This form or photocopy thereof are equally valid.

Signed:_____(Mother/Father/Guardian)

Address: _____

_____

_____

(postal code)

Telephone: (Home)_____(Work)_____

The best time to call you _____

EDMONTON PUBLIC SCHOOLS

APPENDIX D

PARENT/GUARDIAN CONSENT FORM

CONSENT FORM

SOCIAL SKILLS TRAINING with Judie Kelly, University of Alberta.

I give permission for Judie Kelly to access confidential student school records for my child, _____ and for information from previous tests which may be considered confidential to be included in the present study. All information is to remain confidential; real names will not be used in the present study. I understand that the training sessions will be in addition to but not part of my child's regular school program. I understand that the training sessions cover one class period each thursday morning from January 30 to February 20, 1992. I also give permission that these sessions may be video recorded. I also give permission for Mrs. H. to spend 10 minutes before the training and 10 minutes after the training to complete a skills checklist on my child's social relationships at school. I understand that there will be no health risks to my child resulting from his/her participation in the training. I also understand that I am free to withdraw my consent and terminate my child's participation at any time by written notice.

This form or photocopy thereof are equally valid.

Signed: _____ (Mother/Father/Guardian)

Address: _____
_____
_____

Telephone: _____

APPENDIX E

STUDENT SKILL CHECKLIST

Name: _____ Date: _____

Directions: Each of the questions will ask you about how well you do something. Next to each question is a number.

Circle number 1 if you *almost never* do what the question asks.
Circle number 2 if you *seldom* do it.
Circle number 3 if you *sometimes* do it.
Circle number 4 if you do it *often.*
Circle number 5 if you *almost always* do it.

There are no right or wrong answers to these questions. Answer the way you really feel about each question.

Ratings:

1	2	3	4	5
Almost Never	Seldom	Sometimes	Often	Almost Always

	Almost Never	Seldom	Sometimes	Often	Almost Always
1. Is it easy for me to listen to someone who is talking to me?	1	2	3	4	5
2. Do I ask for help in a friendly way when I need the help?	1	2	3	4	5
3. Do I tell people thank you for something they have done for me?	1	2	3	4	5
4. Do I have the materials I need for my classes (like books, pencils, paper)?	1	2	3	4	5
5. Do I understand what to do when directions are given and do I follow these directions?	1	2	3	4	5
6. Do I finish my schoolwork?	1	2	3	4	5
7. Do I join in on class talks or discussions?	1	2	3	4	5
8. Do I try to help an adult when I think he/she could use the help?	1	2	3	4	5
9. Do I decide what I don't understand about my school-work and ask my teacher the question in a friendly way?	1	2	3	4	5
10. Is it easy for me to keep doing my schoolwork when people are noisy?	1	2	3	4	5
11. Do I fix mistakes on my work without getting upset?	1	2	3	4	5
12. Do I choose something to do when I have free time?	1	2	3	4	5
13. Do I decide on something I want to work for and keep working until I get it?	1	2	3	4	5

STUDENT SKILL CHECKLIST

	Almost Never	Seldom	Sometimes	Often	Almost Always
14. Is it easy for me to take the first step to meet somebody I don't know?	1	2	3	4	5
15. Is it easy for me to start a conversation with someone?	1	2	3	4	5
16. When I have something else I have to do, do I end a conversation with someone in a nice way?	1	2	3	4	5
17. Do I ask to join in a game or activity in a friendly way?	1	2	3	4	5
18. Do I follow the rules when I play a game?	1	2	3	4	5
19. Is it easy for me to ask a favor of someone?	1	2	3	4	5
20. Do I notice when somebody needs help and try to help them?	1	2	3	4	5
21. Do I tell others that I like something nice about them or something nice they have done for me or for somebody else?	1	2	3	4	5
22. When someone says they like something about me, do I accept what they say?	1	2	3	4	5
23. Do I suggest things to do with my friends?	1	2	3	4	5
24. Am I willing to share my things with others?	1	2	3	4	5
25. Do I tell others I'm sorry after I do something wrong?	1	2	3	4	5
26. Do I know how I feel about different things that happen?	1	2	3	4	5
27. Do I let others know what I am feeling and do it in a good way?	1	2	3	4	5
28. Do I try to tell how other people are feeling?	1	2	3	4	5
29. Do I show others that I understand how they feel?	1	2	3	4	5
30. When someone has a problem, do I let them know that I understand how they feel?	1	2	3	4	5
31. When I am angry, do I deal with it in ways that won't hurt other people?	1	2	3	4	5
32. Do I try to understand other people's angry feelings?	1	2	3	4	5
33. Do I let others know I care about them?	1	2	3	4	5
34. Do I know what makes me afraid and do I think of things to do so I don't stay afraid?	1	2	3	4	5
35. Do I say and do nice things for myself when I have earned it?	1	2	3	4	5
36. Do I keep my temper when I am upset?	1	2	3	4	5
37. Do I know when I have to ask to do something I want to do, and do I ask in a friendly way?	1	2	3	4	5
38. When somebody teases me, do I stay in control?	1	2	3	4	5
39. Do I try to stay away from things that may get me into trouble?	1	2	3	4	5

STUDENT SKILL CHECKLIST

	Almost Never	Seldom	Sometimes	Often	Almost Always
40. Do I think of ways other than fighting to take care of problems?	1	2	3	4	5
41. Do I think of ways to deal with a problem and think of what might happen if I use these ways?	1	2	3	4	5
42. When I do something I shouldn't have done, do I accept what happens then?	1	2	3	4	5
43. Do I decide what I have been accused of and why, and then think of a good way to handle it?	1	2	3	4	5
44. When I don't agree with somebody, do I help think of a plan to make both of us happy?	1	2	3	4	5
45. When I feel bored, do I think of good things to do and then do them?	1	2	3	4	5
46. Do I know when a problem happened because of something I did?	1	2	3	4	5
47. Do I tell others without getting mad or yelling when they have caused a problem for me?	1	2	3	4	5
48. Do I help think of a fair way to take care of a complaint against me?	1	2	3	4	5
49. When I lose at a game do I keep from getting upset?	1	2	3	4	5
50. Do I tell others something good about the way they played a game?	1	2	3	4	5
51. Do I decide if I have been left out, and then do things in a good way to make me feel better?	1	2	3	4	5
52. Do I do things that will help me feel less embarrassed?	1	2	3	4	5
53. When I don't do well with something (on a test, doing my chores), do I decide ways I could do better next time?	1	2	3	4	5
54. When I am told no, can I keep from becoming upset?	1	2	3	4	5
55. Do I say no to things that might get me into trouble or that I don't want to do, and do I say it in a friendly way?	1	2	3	4	5
56. Can I keep my body from getting tight and tense when I'm angry or upset?	1	2	3	4	5
57. When a group of kids wants me to do something that might get me in trouble or that is wrong, do I say no?	1	2	3	4	5
58. Do I keep from taking things that aren't mine?	1	2	3	4	5
59. Is it easy for me to decide what to do when I'm given a choice?	1	2	3	4	5
60. Do I tell the truth about what I have done, even if I might get into trouble?	1	2	3	4	5

From Skillstreaming the Elementary School Child: A Guide for Teaching Prosocial Skills (pp. 32-34) by E. McGinnis and A.P. Goldstein, 1984, Champaign, Il: Research Press. Copyright 1984 by the authors. Reprinted by permission.

APPENDIX F

TEACHER SKILL CHECKLIST

Student: _____ Class: _____

Date: _____ Teacher: _____

Directions: Listed below you will find a number of skills that children are more or less proficient in using. This checklist will help you record how well each child uses the various skills. For each child, rate his/her use of each skill, based on your observations of his/her behavior in various situations.

Circle 1 if the child is *almost never* good at using the skill.
Circle 2 if the child is *seldom* good at using the skill.
Circle 3 if the child is *sometimes* good at using the skill.
Circle 4 if the child is *often* good at using the skill.
Circle 5 if the child is *almost always* good at using the skill.

Please rate the child on all skills listed. If you know of a situation in which the child has particular difficulty in using the skill well, please note it briefly in the space marked "Problem Situation."

	Almost Never	Seldom	Sometimes	Often	Almost Always
1. **Listening:** Does the student appear to listen when someone is speaking and make an effort to understand what is said?	1	2	3	4	5
Problem Situation: _____					
2. **Asking for Help:** Does the student decide when he/she needs assistance and ask for this help in a pleasant manner?	1	2	3	4	5
Problem Situation: _____					
3. **Saying Thank You:** Does the student tell others he/she appreciates help given, favors, etc.?	1	2	3	4	5
Problem Situation: _____					
4. **Bringing Materials to Class:** Does the student remember the books and materials he/she needs for class?	1	2	3	4	5
Problem Situation: _____					
5. **Following Instructions:** Does the student understand instructions and follow them?	1	2	3	4	5
Problem Situation: _____					

TEACHER SKILL CHECKLIST

	Almost Never	Seldom	Sometimes	Often	Almost Always
6. **Completing Assignments:** Does the student complete assignments at his/her independent academic level?	1	2	3	4	5
Problem Situation: _____					
7. **Contributing to Discussions:** Does the student participate in class discussions in accordance with the classroom rules?	1	2	3	4	5
Problem Situation: _____					
8. **Offering Help to an Adult:** Does the student offer to help you at appropriate times and in an appropriate manner?	1	2	3	4	5
Problem Situation: _____					
9. **Asking a Question:** Does the student know how and when to ask a question of another person?	1	2	3	4	5
Problem Situation: _____					
10. **Ignoring Distractions:** Does the student ignore classroom distractions?	1	2	3	4	5
Problem Situation: _____					
11. **Making Corrections:** Does the student make the necessary corrections on assignments without getting overly frustrated?	1	2	3	4	5
Problem Situation: _____					
12. **Deciding on Something to Do:** Does the student find something to do when he/she has free time?	1	2	3	4	5
Problem Situation: _____					
13. **Setting a Goal:** Does the student set realistic goals for himself/herself and take the necessary steps to meet these goals?	1	2	3	4	5
Problem Situation: _____					

TEACHER SKILL CHECKLIST

	Almost Never	Seldom	Sometimes	Often	Almost Always
14. **Introducing Yourself:** Does the student introduce himself/herself to people he/she doesn't know in an appropriate way?	1	2	3	4	5
Problem Situation: _____					
15. **Beginning a Conversation:** Does the student know how and when to begin a conversation with another person?	1	2	3	4	5
Problem Situation: _____					
16. **Ending a Conversation:** Does the student end a conversation when it's necessary and in an appropriate manner?	1	2	3	4	5
Problem Situation: _____					
17. **Joining In:** Does the student know and practice acceptable ways of joining an ongoing activity or group?	1	2	3	4	5
Problem Situation: _____					
18. **Playing a Game:** Does the student play games with classmates fairly?	1	2	3	4	5
Problem Situation: _____					
19. **Asking a Favor:** Does the student know how to ask a favor of another person in a pleasant manner?	1	2	3	4	5
Problem Situation: _____					
20. **Offering Help to a Classmate:** Can the student recognize when someone needs or wants assistance and offer this help?	1	2	3	4	5
Problem Situation: _____					
21. **Giving a Compliment:** Does the student tell others that he/she likes something about them or something they have done?	1	2	3	4	5
Problem Situation: _____					

TEACHER SKILL CHECKLIST

	Almost Never	Seldom	Sometimes	Often	Almost Always
22. **Accepting a Compliment:** Does the student accept these comments given by adults or his/her peers in a friendly way?	1	2	3	4	5
Problem Situation: _____					
23. **Suggesting an Activity:** Does the student suggest appropriate activities to others?	1	2	3	4	5
Problem Situation: _____					
24. **Sharing:** Is the student agreeable to sharing things with others, and if not, does he/she offer reasons why he/she can't in an acceptable manner?	1	2	3	4	5
Problem Situation: _____					
25. **Apologizing:** Does the student tell others he/she is sorry for doing something in a sincere manner?	1	2	3	4	5
Problem Situation: _____					
26. **Knowing Your Feelings:** Does the student identify feelings he/she is experiencing?	1	2	3	4	5
Problem Situation: _____					
27. **Expressing Your Feelings:** Does the student express his/her feelings in acceptable ways?	1	2	3	4	5
Problem Situation: _____					
28. **Recognizing Another's Feelings:** Does the student try to figure out how others are feeling in acceptable ways?	1	2	3	4	5
Problem Situation: _____					
29. **Showing Understanding of Another's Feelings:** Does the student show understanding of others' feelings in acceptable ways?	1	2	3	4	5
Problem Situation: _____					

TEACHER SKILL CHECKLIST

	Almost Never	Seldom	Sometimes	Often	Almost Always
30. **Expressing Concern for Another:** Does the student express concern for others in acceptable ways?	1	2	3	4	5
Problem Situation: _____					
31. **Dealing with Your Anger:** Does the student use acceptable ways to express his/her anger?	1	2	3	4	5
Problem Situation: _____					
32. **Dealing with Another's Anger:** Does the student try to understand another's anger without getting angry himself/herself?	1	2	3	4	5
Problem Situation: _____					
33. **Expressing Affection:** Does the student let others know he/she cares about them in an acceptable manner?	1	2	3	4	5
Problem Situation: _____					
34. **Dealing with Fear:** Does the student know why he/she is afraid and practice strategies to reduce this fear?	1	2	3	4	5
Problem Situation: _____					
35. **Rewarding Yourself:** Does the student say and do nice things for himself/herself when a reward is deserved?	1	2	3	4	5
Problem Situation: _____					
36. **Using Self-control:** Does the student know and practice strategies to control his/her temper or excitement?	1	2	3	4	5
Problem Situation: _____					
37. **Asking Permission:** Does the student know when and how to ask if he/she may do something?	1	2	3	4	5
Problem Situation: _____					
38. **Responding to Teasing:** Does the student deal with being teased in ways that allow him/her to remain in control?	1	2	3	4	5
Problem Situation: _____					

TEACHER SKILL CHECKLIST

	Almost Never	Seldom	Sometimes	Often	Almost Always
39. **Avoiding Trouble:** Does the student stay away from situations that may get him/her into trouble?	1	2	3	4	5
Problem Situation: _____					
40. **Staying Out of Fights:** Does the student know of and practice socially appropriate ways of handling potential fights?	1	2	3	4	5
Problem Situation: _____					
41. **Problem Solving:** When a problem occurs, does the student think of alternatives and choose an alternative, then evaluate how well this solved the problem?	1	2	3	4	5
Problem Situation: _____					
42. **Accepting Consequences:** Does the student accept the consequences for his/her behavior without becoming defensive or upset?	1	2	3	4	5
Problem Situation: _____					
43. **Dealing with an Accusation:** Does the student know of and practice ways to deal with being accused of something?	1	2	3	4	5
Problem Situation: _____					
44. **Negotiating:** Is the student willing to give and take in order to reach a compromise?	1	2	3	4	5
Problem Situation: _____					
45. **Dealing with Boredom:** Does the student select acceptable activities when he/she is bored?	1	2	3	4	5
Problem Situation: _____					
46. **Deciding What Caused a Problem:** Does the student assess what caused a problem and accept the responsibility if appropriate?	1	2	3	4	5
Problem Situation: _____					

TEACHER SKILL CHECKLIST

	Almost Never	Seldom	Sometimes	Often	Almost Always
47. **Making a Complaint:** Does the student know how to say that he/she disagrees in acceptable ways?	1	2	3	4	5
Problem Situation: _____					
48. **Answering a Complaint:** Is the student willing to arrive at a fair solution to someone's justified complaint?	1	2	3	4	5
Problem Situation: _____					
49. **Dealing with Losing:** Does the student accept losing at a game or activity without becoming upset or angry?	1	2	3	4	5
Problem Situation: _____					
50. **Showing Sportsmanship:** Does the student express a sincere compliment to others about how they played the game?	1	2	3	4	5
Problem Situation: _____					
51. **Dealing with Being Left Out:** Does the student deal with being left out of an activity without losing control?	1	2	3	4	5
Problem Situation: _____					
52. **Dealing with Embarrassment:** Does the student know of things to do that help him/her feel less embarrassed or self-conscious?	1	2	3	4	5
Problem Situation: _____					
53. **Reacting to Failure:** Does the student figure out the reason(s) for his/her failure, and how he/she can be more successful the next time?	1	2	3	4	5
Problem Situation: _____					
54. **Accepting No:** Does the student accept being told no without becoming unduly upset or angry?	1	2	3	4	5
Problem Situation: _____					

TEACHER SKILL CHECKLIST

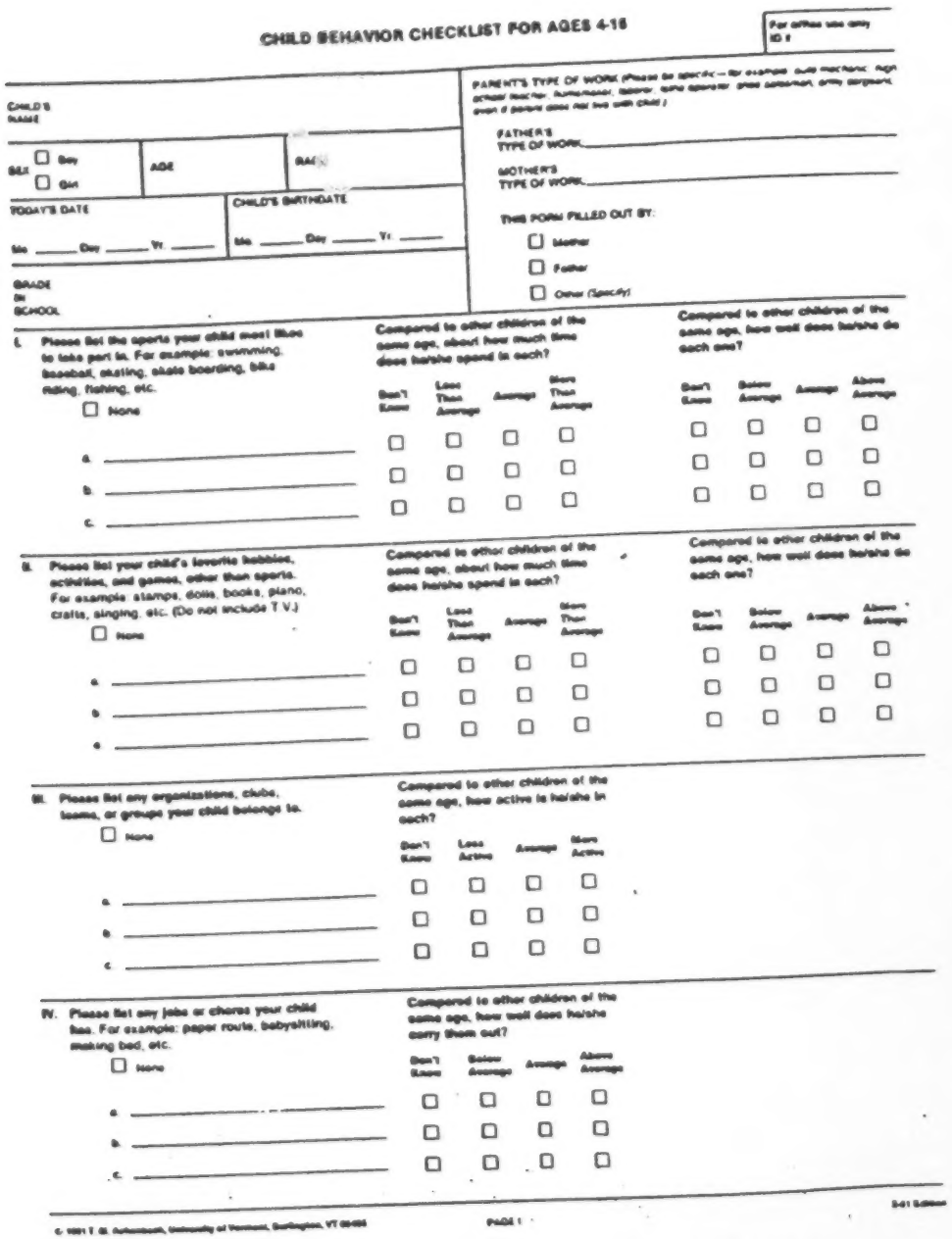
	Almost Never	Seldom	Sometimes	Often	Almost Always
55. **Saying No:** Does the student say no in acceptable ways to things he/she doesn't want to do or to things that may get him/her into trouble?	1	2	3	4	5
Problem Situation: _____					
56. **Relaxing:** Is the student able to relax when tense or upset?	1	2	3	4	5
Problem Situation: _____					
57. **Dealing with Group Pressure:** Does the student decide what he/she wants to do when others pressure him/her to do something else?	1	2	3	4	5
Problem Situation: _____					
58. **Dealing with Wanting Something That Isn't Mine:** Does the student refrain from taking things that don't belong to him/her?	1	2	3	4	5
Problem Situation: _____					
59. **Making a Decision:** Does the student make thoughtful choices?	1	2	3	4	5
Problem Situation: _____					
60. **Being Honest:** Is the student honest when confronted with a negative action?	1	2	3	4	5
Problem Situation: _____					

From Skillstreaming the Elementary School Child: A Guide for Teaching Prosocial Skills (pp. 35-42) by E. McGinnis and A.P. Goldstein, 1984, Champaign, Il: Research Press. Copyright 1984 by the authors. Reprinted by permission.

APPENDIX G has been removed because of copyright restrictions. This material contained the Children's Self-Efficacy for Peer Interaction Scale from Wheeler, V.A., & Ladd, G.W. (1982). Assessment of Children's Self-Efficacy for social interactions with peers. Developmental Psychology, 18(6), 795-805.

APPENDIX H

CHILD BEHAVIOR CHECKLIST (CBC)-PARENT FORM



CHILD BEHAVIOR CHECKLIST FOR AGES 4-18

For office use only
ID #

CHILD'S NAME

SEX ☐ Boy ☐ Girl

AGE

RACE

TODAY'S DATE
Mo ____ Day ____ Yr. ____

CHILD'S BIRTHDATE
Mo ____ Day ____ Yr. ____

GRADE IN SCHOOL

PARENT'S TYPE OF WORK (Please be specific — for example: auto mechanic, high school teacher, homemaker, laborer, sales operator, grade schoolgirl, army sergeant, even if parent does not live with child.)

FATHER'S TYPE OF WORK

MOTHER'S TYPE OF WORK

THIS FORM FILLED OUT BY:
☐ Mother
☐ Father
☐ Other (Specify)

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.
☐ None
a. _____
b. _____
c. _____

Compared to other children of the same age, about how much time does he/she spend in each?

	Don't Know	Less Than Average	Average	More Than Average
a.	☐	☐	☐	☐
b.	☐	☐	☐	☐
c.	☐	☐	☐	☐

Compared to other children of the same age, how well does he/she do each one?

	Don't Know	Below Average	Average	Above Average
a.	☐	☐	☐	☐
b.	☐	☐	☐	☐
c.	☐	☐	☐	☐

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, singing, etc. (Do not include T.V.)
☐ None
a. _____
b. _____
c. _____

Compared to other children of the same age, about how much time does he/she spend in each?

	Don't Know	Less Than Average	Average	More Than Average
a.	☐	☐	☐	☐
b.	☐	☐	☐	☐
c.	☐	☐	☐	☐

Compared to other children of the same age, how well does he/she do each one?

	Don't Know	Below Average	Average	Above Average
a.	☐	☐	☐	☐
b.	☐	☐	☐	☐
c.	☐	☐	☐	☐

III. Please list any organizations, clubs, teams, or groups your child belongs to.
☐ None
a. _____
b. _____
c. _____

Compared to other children of the same age, how active is he/she in each?

	Don't Know	Less Active	Average	More Active
a.	☐	☐	☐	☐
b.	☐	☐	☐	☐
c.	☐	☐	☐	☐

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, etc.
☐ None
a. _____
b. _____
c. _____

Compared to other children of the same age, how well does he/she carry them out?

	Don't Know	Below Average	Average	Above Average
a.	☐	☐	☐	☐
b.	☐	☐	☐	☐
c.	☐	☐	☐	☐

© 1991 T. M. Achenbach, University of Vermont, Burlington, VT 05405

5-91 Edition

Figure 1-3. Social competence Items I–IV of the Child Behavior Checklist.

VI. Compared to other children of his/her age, how well does your child:

	Worse	About the same	Better
a. Get along with his/her brothers & sisters?	☐	☐	☐
b. Get along with other children?	☐	☐	☐
c. Behave with his/her parents?	☐	☐	☐
d. Play and work by himself/herself?	☐	☐	☐

VII. 1. Current school performance—for children aged 6 and older:

☐ Does not go to school

	Failing	Below average	Average	Above average
a. Reading or English	☐	☐	☐	☐
b. Writing	☐	☐	☐	☐
c. Arithmetic or Math	☐	☐	☐	☐
d. Spelling	☐	☐	☐	☐
Other academic subjects—for example: history, science, foreign language, geography e. _____	☐	☐	☐	☐
f. _____	☐	☐	☐	☐
g. _____	☐	☐	☐	☐

2. Is your child in a special class?

☐ No ☐ Yes—what kind?

3. Has your child ever repeated a grade?

☐ No ☐ Yes—grade and reason

4. Has your child had any academic or other problems in school?

☐ No ☐ Yes—please describe

When did these problems start?

Have these problems ended?

☐ No ☐ Yes—when?

PAGE 2

Figure 1-4. Social competence items V–VII of the Child Behavior Checklist.

From Manual for The Child Behavior Checklist and Revised Child Behavior Profile. (pp. 8 & 9) by Thomas M. Achenbach, 1983, Vermont: University of Vermont. Copyright 1981 by the author. Reprinted by permission.

1

– for office use only –
IDENTIFICATION #

CHILD BEHAVIOR CHECKLIST–TEACHER'S REPORT FORM

PUPIL'S NAME		SCHOOL
PUPIL'S AGE	PUPIL'S SEX ☐ Boy ☐ Girl	ETHNIC GROUP OR RACE
GRADE	THIS FORM FILLED OUT BY ☐ Teacher (name) ☐ Counselor (name) ☐ Other (specify) name:	PARENTS' TYPE OF WORK *(Please be as specific as you can – for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)* *FATHER'S TYPE OF WORK:* *MOTHER'S TYPE OF WORK:* Please try to answer each item as completely as possible, even if you lack full information.
DATE		

I. How long have you known this pupil?

II. How well do you know him/her? ☐ Very Well ☐ Moderately Well ☐ Not Well

III. How much time does he/she spend in your class per week?

IV. What kind of class is it? (Please be specific, e.g., regular 5th grade, 7th grade math, etc.)

V. Has he/she ever been referred for special class placement, services, or tutoring?

☐ No ☐ Don't Know ☐ Yes – what kind and when?

VI. Has he/she ever repeated a grade?

☐ No ☐ Don't Know ☐ Yes – grade and reason

VII. Current school performance – list academic subjects and check appropriate column:

Academic subject	1. Far below grade	2. Somewhat below grade	3. At grade level	4. Somewhat above grade	5. Far above grade
1.	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐
5.	☐	☐	☐	☐	☐
6.	☐	☐	☐	☐	☐

©Copyright 1980 Thomas M. Achenbach and Craig Edelbrock UNAUTHORIZED REPRODUCTION FORBIDDEN BY LAW

Thomas M. Achenbach, Ph.D.
Center for Children, Youth, & Families
University of Vermont
1 South Prospect St.

0985 Edition

VIII. Compared to typical pupils of the same age:	1. Much less	2. Somewhat less	3. Slightly less	4. About average	5. Slightly more	6. Somewhat more	7. Much more
1. How hard is he/she working?	☐	☐	☐	☐	☐	☐	☐
2. How appropriately is he/she behaving?	☐	☐	☐	☐	☐	☐	☐
3. How much is he/she learning?	☐	☐	☐	☐	☐	☐	☐
4. How happy is he/she?	☐	☐	☐	☐	☐	☐	☐

IX. Most recent achievement test scores (if available):

Name of test	Subject	Date	Percentile or grade level obtained

X. IQ, readiness, or aptitude tests (if available):

Name of test	Date	IQ or equivalent scores

XI. Please feel free to write any comments about this pupil's work, behavior, or potential, using extra pages if necessary

Below is a list of items that describe pupils. For each item that describes the pupil now or within the past 2 months, please circle the 2 if the item is very true or often true of the pupil. Circle the 1 if the item is somewhat or sometimes true of the pupil. If the item is not true of the pupil, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to this pupil.

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 1. Acts too young for his/her age
0 1 2 2. Hums or makes other odd noises in class

0 1 2 3. Argues a lot
0 1 2 4. Fails to finish things he/she starts

0 1 2 5. Behaves like opposite sex
0 1 2 6. Defiant, talks back to staff

0 1 2 7. Bragging, boasting
0 1 2 8. Can't concentrate, can't pay attention for long

0 1 2 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____

_____

0 1 2 10. Can't sit still, restless, or hyperactive

0 1 2 11. Clings to adults or too dependent

0 1 2 12. Complains of loneliness

0 1 2 13. Confused or seems to be in a fog
0 1 2 14. Cries a lot

0 1 2 15. Fidgets
0 1 2 16. Cruelty, bullying, or meanness to others

0 1 2 17. Daydreams or gets lost in his/her thoughts
0 1 2 18. Deliberately harms self or attempts suicide

0 1 2 19. Demands a lot of attention
0 1 2 20. Destroys his/her own things

0 1 2 21. Destroys property belonging to others
0 1 2 22. Difficulty following directions

0 1 2 23. Disobedient at school
0 1 2 24. Disturbs other pupils

0 1 2 25. Doesn't get along with other pupils
0 1 2 26. Doesn't seem to feel guilty after misbehaving

0 1 2 27. Easily jealous
0 1 2 28. Eats or drinks things that are not food (describe): _____

_____

0 1 2 29. Fears certain animals, situations, or places other than school (describe): _____

_____

0 1 2 30. Fears going to school

0 1 2 31. Fears he/she might think or do something bad
0 1 2 32. Feels he/she has to be perfect

0 1 2 33. Feels or complains that no one loves him/her
0 1 2 34. Feels others are out to get him/her

0 1 2 35. Feels worthless or inferior
0 1 2 36. Gets hurt a lot, accident-prone

0 1 2 37. Gets in many fights
0 1 2 38. Gets teased a lot

0 1 2 39. Hangs around with others who get in trouble
0 1 2 40. Hears voices that aren't there (describe):

0 1 2 41. Impulsive or acts without thinking
0 1 2 42. Likes to be alone

0 1 2 43. Lying or cheating
0 1 2 44. Bites fingernails

0 1 2 45. Nervous, high-strung, or tense
0 1 2 46. Nervous movements or twitching (describe):

_____

0 1 2 47. Overconforms to rules
0 1 2 48. Not liked by other pupils

0 1 2 49. Has difficulty learning
0 1 2 50. Too fearful or anxious

0 1 2 51. Feels dizzy
0 1 2 52. Feels too guilty

0 1 2 53. Talks out of turn
0 1 2 54. Overtired

0 1 2 55. Overweight
56. Physical problems without known medical cause:
0 1 2 a. Aches or pains
0 1 2 b. Headaches
0 1 2 c. Nausea, feels sick
0 1 2 d. Problems with eyes (describe): _____

_____

0 1 2 e. Rashes or other skin problems
0 1 2 f. Stomachaches or cramps
0 1 2 g. Vomiting, throwing up
0 1 2 h. Other (describe): _____

_____

Please see other side

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 57. Physically attacks people
0 1 2 58. Picks nose, skin, or other parts of body (describe): _____
_____
0 1 2 59. Sleeps in class
0 1 2 60. Apathetic or unmotivated
0 1 2 61. Poor school work
0 1 2 62. Poorly coordinated or clumsy
0 1 2 63. Prefers being with older children
0 1 2 64. Prefers being with younger children
0 1 2 65. Refuses to talk
0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____
_____
0 1 2 67. Disrupts class discipline
0 1 2 68. Screams a lot
0 1 2 69. Secretive, keeps things to self
0 1 2 70. Sees things that aren't there (describe):
_____
_____
0 1 2 71. Self-conscious or easily embarrassed
0 1 2 72. Messy work
0 1 2 73. Behaves irresponsibly (describe): _____
_____
0 1 2 74. Showing off or clowning
0 1 2 75. Shy or timid
0 1 2 76. Explosive and unpredictable behavior
0 1 2 77. Demands must be met immediately, easily frustrated
0 1 2 78. Inattentive, easily distracted
0 1 2 79. Speech problem (describe): _____
_____
0 1 2 80. Stares blankly
0 1 2 81. Feels hurt when criticized
0 1 2 82. Steals
0 1 2 83. Stores up things he/she doesn't need (describe):
_____
_____
0 1 2 84. Strange behavior (describe): _____
_____
0 1 2 85. Strange ideas (describe): _____
_____
0 1 2 86. Stubborn, sullen, or irritable
0 1 2 87. Sudden changes in mood or feelings
0 1 2 88. Sulks a lot
0 1 2 89. Suspicious
0 1 2 90. Swearing or obscene language
0 1 2 91. Talks about killing self
0 1 2 92. Underachieving, not working up to potential
0 1 2 93. Talks too much
0 1 2 94. Teases a lot
0 1 2 95. Temper tantrums or hot temper
0 1 2 96. Seems preoccupied with sex
0 1 2 97. Threatens people
0 1 2 98. Tardy to school or class
0 1 2 99. Too concerned with neatness or cleanliness
0 1 2 100. Fails to carry out assigned tasks
0 1 2 101. Truancy or unexplained absence
0 1 2 102. Underactive, slow moving, or lacks energy
0 1 2 103. Unhappy, sad, or depressed
0 1 2 104. Unusually loud
0 1 2 105. Uses alcohol or drugs (describe): _____
_____
0 1 2 106. Overly anxious to please
0 1 2 107. Dislikes school
0 1 2 108. Is afraid of making mistakes
0 1 2 109. Whining
0 1 2 110. Unclean personal appearance
0 1 2 111. Withdrawn, doesn't get involved with others
0 1 2 112. Worrying

113. Please write in any problems the pupil has that were not listed above:

0 1 2 _____
0 1 2 _____
0 1 2 _____

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS

From Child Behavior Checklist-Teacher's Report Form by Thomas M. Achenbach, 1983, Vermont: University of Vermont. Copyright 1980 by the author. Reprinted by permission.

APPENDIX I

SAMPLE SOCIAL SKILL

GROUP I: CLASSROOM SURVIVAL SKILLS

SKILL 1: Listening

STEPS	NOTES FOR DISCUSSION
1. Look at the person who is talking.	Point out to students that sometimes others may think someone isn't listening, even though he/she really is. These steps are to *show* someone that you are really listening.
2. Remember to sit quietly.	Tell students to face the person and remember not to laugh, fidget, play with something, etc.
3. Think about what is being said.	
4. Say yes or nod your head.	
5. Ask a question about the topic to find out more.	Discuss relevant questions (i.e., ones that do not change the topic).

SUGGESTED SITUATIONS

School: Your teacher explains an assignment.

Home: Your parents are talking with you about a problem.

Peer group: Another student tells of a T.V. program he/she watched or what he/she did over the weekend.

COMMENTS

This is an excellent skill with which to begin your Structured Learning group. Once the skill of Listening is learned by students, it is useful to incorporate it into group or classroom rules.

It is important to emphasize *showing* someone the behaviors that indicate that the student is listening. When a student is talking with the teacher, it is useful for the teacher to model these listening behaviors.

From Skillstreaming the Elementary School Child: A Guide for Teaching Prosocial Skills (pp. 110) by E. McGinnis and A.P. Goldstein, 1984, Champaign, Il: Research Press. Copyright 1984 by the authors. Reprinted by permission.

APPENDIX I pages 186 and 187 have been removed because of copyright restrictions. This material contained sample social skills for skills dealing with anger and following directions from Skillstreaming the Elementary School Child: A guide for teaching prosocial skills. (pp. 114 & 140) by E. McGinnis and A.P. Goldstein, 1984, Champaign, Il: Research Press.

APPENDIX J. has been removed because of copyright restrictions. This material contained a sample of a homework assignment from Skillstreaming the Elementary School Child: A guide for teaching prosocial skills. (pp. 89) by E. McGinnis and A.P. Goldstein, 1984, Champaign, Il: Research Press.

APPENDIX K.

PARENT BULLETIN AND TEAM PRAISE

A F I R S T R A T E E F F O R T !

YOUR CHILD _____ HAS SUCCESSFULLY

PRACTICED THE SOCIAL SKILLS OF _____

_____

YOUR CHILD WAS REWARDED BY: _____

_____

_____

PLEASE ENCOURAGE _____ TO PRACTICE THESE SKILLS AT HOME AND AT SCHOOL. PERSONAL COMMENTS AND ENCOURAGING REMARKS MAY BE HIGHLY TREASURED.

F A N T A S T I C !

_____ _____

TEAM LEADER STUDENT PARTICIPANT

_____

DATE

A G R E A T T E A M !!

_____

TEAM

did a GREAT JOB this week

_____

Date

APPENDIX L

SAMPLE OF CERTIFICATE OF ACHIEVEMENT

C E R T I F I C A T E O F

A C H I E V E M E N T

This award of distinction is presented

TO: _____

FOR Superior Achievement & Excellence of Performance in _____

This _____ day of _____, 19___

Signed _____